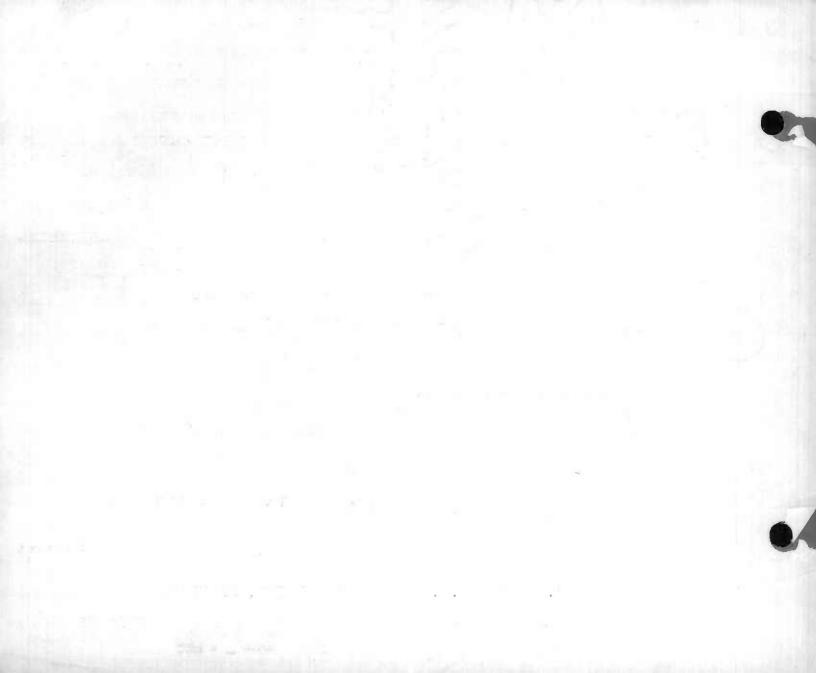
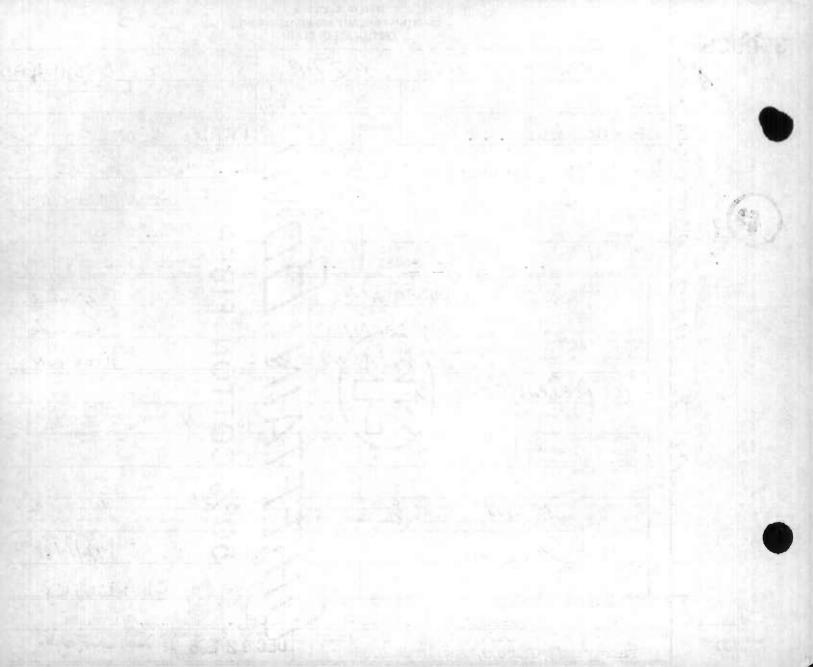
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYDIENE 008139 - STATE MEDICAL EXAMINER'S CER REG. NO FIRST DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED SEX UNDER 24 HRS DATE MONTH LAST BIRTHDAY) MONTHS PRONOUNCED DEAD ISTATE OR 70 BIRTHPLACE Th CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY MARRIED NEVER MARRIED Camaguey Cuba Cuba WIDOWED I DIVORCED 6 V 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION TYPE OF WORK 126 KIND OF BUSINESS FOR MOST DE WORKING LIFE HER HER OR INDUSTRY Private BALTIMORE, MD. 21201 13e. STATE 3d INSIDE CITY LIMITS? 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDOLE MIDDLE Unknown Rodriguez Blanca Perfecto 17 INFORMANT 16b SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS LYES, NO. OR LINKNOWNI 218-80-2272 Sila Alegret 8201 Goshua Ct. (IF YES, GIVE WAR OR DATES) Laurel 20708 No 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? GE 3 SHOULD BE USED TE DEPARTMENT OF HE 201 PRIOR TO BURIAL, YES [] 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME, 21f LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET WHILE CITY OR TOWN COUNTY STATE WHILE AT WORK 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry and in my opinion PAGE 4 SHOULD BE FC TO FUNERAL DIRECTO AFTER DEATH, WITH TH death resulted from Notural causes Accident Suicide Homicide Undetermined monner TITLE (SPECIFY) EXAMMER'S NAME (TYPE OR PRINT) ADDRESS 230.BURIAL, CREMATION, REMOVAL 236 DATE 13c NAME OF CEMETERY OF CREMATORY Parklawn Montgomery Maryland Burian Jan. 3, 1986 07/84 BP 25M Donald V. Borgwardt 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 4400 Powder **DHMH - 17** Beltsville Md 20705 (VR A15 ME (5))

The Boars of THE CHARLES HER SHIP THE Comment of the second second second second second second かんとうないからないかい で My Selling Committee and the Bank Jun Labor Marian Strome About the K. K. D. J.

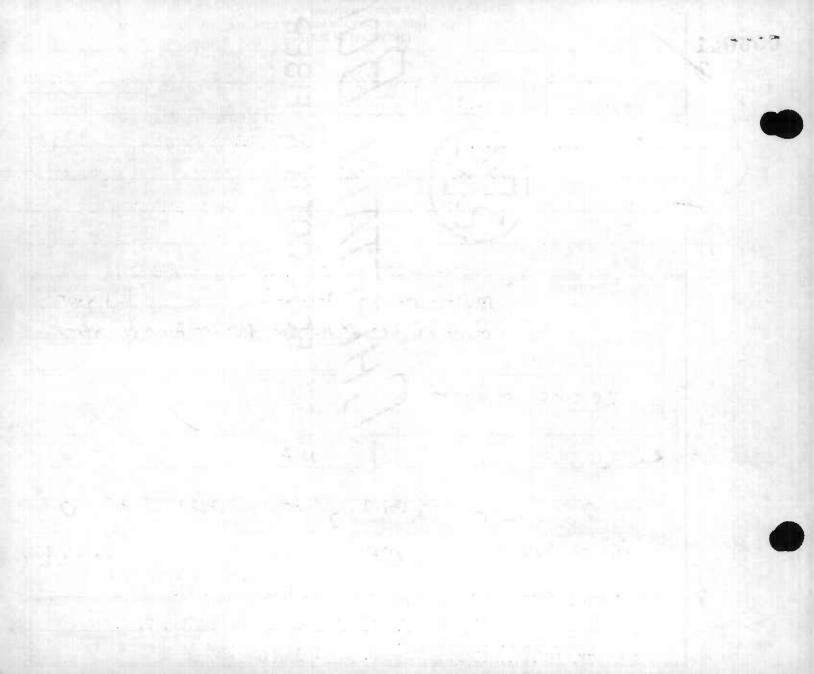


	FC I - ST				DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HY	GIENE) 5	3	5 0 /	1 3
350038		GISTRAR				CERTIF	ICATE OF DEATH	REG. N	10.		
020000		SED NAME	FIRST	-	MIDDLE	L	AST	2a. DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
a gan	(TYPE OR P	GEO	RGC		W.	1	AZAR		12	1085	11:45 AM
E 9 0 0	3 SEX			4. RACE		5. DATE C		6. AGE (IN YEARS LAST BI	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
4 ge ector	MAL	E		WH	ITE	Febr	uary 15, 191	7 68	YRS.	MONTHS DAYS	HOURS MIN.
S 5 5 5	7a BIRTH	PLACE (STATE OR F	DREIGN	76. CITIZEN OF	WHAT COUNTRY	8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNT		
deoth deoth		erville,		U.S.A	• []	WIDOWE		L L A A	GE	ORGGP	MD.
offer of the fu	10 CITY C	RIOWNOFDEA	TH		HOSPITAL, NURSI		HOSSITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST U.S.GOV T	ION	126 KIND OF	BUSINESS OR
2122	USUAL RI	ESIDENCE (IF NURSI	NG HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFOR	RE ADMISSION)	nathing	-		TUTTE	
ON NO SEE SEE	MARY			GEORGE		VN	13d. INSIDE CITY LIMITS?	8210 Dange	erfie]	ld Place	20735
E EDIS EN	14. FATHE	R'S NAME		, the sec			15. MOTHER'S MAIDEN N	AME			
WW		CHARLES DECEASED EVER I			AZAR	UDITY NO	GINNIE 17 INFORMANT	ADDR		ANGELO LAST	
NOR NOR	ING WAS	S DECEASED EVER (WAR OR DATES)	029-05-			ne J. McCart		camo ac 1	112
LTIA be be							MIS. CALOIT	ne o. McCarl	11y,		
ST., BA striffication paysis an paper emaval event, 1	18.	PART I. DEATH W.	AS CAUSE	y ane cause per DBY: E CAUSE (a)	CAROIB	CAR	Res7			11.	ATE INTERVAL NSET AND DEATH
TON path ce and in a carb				DUE TO, O	RAS A CONSEQU	ENCE OF	117716			6	,
PRES	90	onditions, if ony, ove rise to imm	ediate	(b)_	,	CARL	11//)			mo	nete
that the the sease record, creek		iuse (0), stating iderlying cause	last.	DUE TO, O	RASA CONSEQU	ENCE OF	27 PRY 01318	s e		LUKA	10 h N
quires quires is signed the plum plum, on plum, or plum,		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)									
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requirentending physician. Ifter this certificate has been signs the burial-transit permit. Then the and Mental Hygiere prior to be an orded or Item 18 shows any injur	CERTIFICATION 18-61	DATE OF OPERAT	- 1 -			OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YI	ES, WERE FINDING	GS USED
AL RE lon.	H.							YES NO NO		IFYING CAUSES C	OF DEATH?
VIT. Thysical roans of the Market Mar		ACCIDENT WAS UND		21b. TIME O	F INJURY M. MONTH D	AV YEAD	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJUR	JRY IN ITEM 18.	PART I OR PART 2)	
SICIA SICIA SICIA SICIA Ferrita fright	CAL	CONTRIBUTING C			M.	19					
PHY and in this of A Modern	#	INJURY OCCURR	ED	21e. PLACE	OF INJURY	FARM FTC)	211 LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
NG NG Parket Par	VV1	HILE NOT WHI	IE 🗆								
	22a	I certify that (I)			e deceased fram	4/5	. 19	1 to 12/10			at (I) (Verlost
ATTEND asspiral of asspiral of for used for used for use m 21 is m		saw the decease abave, (i) (we) (d	d alive an d) (did vot) view the bady	ofter death.	\$1 . ar	d that in (my) (dy) apinia	n death accurred an the d	ate and ha	our and from the co	uses stated
OR , ochec boppt F Hen	226	SIGNATURE	11				DEGREE			22c. DATE ST	GNED
TAL by the RAL dete	-	JF	Me	ien he	7		PHYSICIAN	MEDICAL STA		17-110	185
HOSPI Pined k FUNE Sold be Porta	22d	PHYSICIAN'S NA					22e. ADDRESS	1	- 1	1	
O HOS etpined TO FUN Should b with the			RUS		1.D			AWAY Rd.	Chi	NTON,	M
	230. BURIA (SPECI	AL, CREMATION, F					EMETERY OR CREMATORY	CITY OR TOWN		COUNTY	STATE
BP		RIAL		Decembe	r13,85 A	RLINGI	ON NATIONAL	CEM . Arling	ton,	Virginia	
DHMH-16 30M 2/80 (VRA 15, 4)					HOME 663.		Alexander 25 DE	C 1 2 1985	25b. REGIS	TRAR'S SIGNATUI	



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE



- STATE REGISTRAR

DECEASED NAME TYPE OR PRINT

Female

3 SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEI

Barse

MONTH

RTIFICATE OF DEATH	REG

Prince George

not obtainable

REG. NO.					
20. DATE OF DEATH MONT	H DAY		YEAR	16 HOL	
6. AGE [IN YEARS LAST BIRTHDAY]	IF U	NDER	TYEAR	IF UNDER 24 HRS	
	MON	THS	DAYS	HOURS	MIN.

TO BIRTHPLACE ASTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED

Washington DO USA WIDOWEDX O CITY OR TOWN OF DEATH

DIVORCED [11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

DAY

1891

126 KIND OF BUSINESS OR INDUSTRY

9 BALTIMORE CITY OR COUNTY OF DEATH

I IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Greenbelt Convalescent Center Housewife Greenbelt Own. Home HI . TITUTION GIVE RESIDENCE BEFORE ADMISSION ISUAL RESIDENCE HE NURSING HOME OR OF 13e.STREET ADDRESS / ZIP CODE

13a. STATE 136 COUNTY 13c CITY OR TOWN Washington MIDDLE

IMMEDIATE CAUSE (0

Elizabeth

4 RACE

Whit e

13d INSIDE CITY LIMITS? DOES | 15 MOTHER'S MAIDEN NAME

3734 Camden Street

4 FATHER'S NAME FIRST

CERTIFICATION

MEDICAL

00

Lusby 166 SOCIAL SECURITY NO.

17 INFORMANT

7501 Democracy Nancy Chappell Tuell Bethesda, Md.

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

160. WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

579-62-539 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) Certli ac

arrest DUE TO, OR AS A CONSEQUENCE OF arenoselerotic heart direar

APPROXIMATE INTERVAL

U unc

Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0

AL	7 her hen	Chi	100
190 DATE	OF OPERATION	19b	CONDITION

OR WHICH OPERATION WAS PERFORMED 21b. TIME OF INJURY

214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

20a AUTOPSY?

210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

HOUR A.M. MONTH DAY YEAR 21e. PLACE OF INJURY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21f LOCATION

CITY OF TOWN COUNTY

YES |

WHILE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from Hove

and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated

NO

12L SIGNATURE

DEGREE

MEDICAL STAFF ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22c DATE SIGNED

STATE

saw the deceased alive an.

Bill Bergemann M.D.

abave, (1) (well (did) (did not) view the body after death

115 Centerway Greenbelt, Md. 20770

23a BURIAL, CREMATION, REMOVAL 23b. DATE I SPECIFY) 17Dec1985 Burial

23c NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery

Suitland

Md

DHMH - 16 66M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR NAME ROBert E Wilhelm 4308 Suitland Road Suitland, Md 250 DATE REC'D. BY REGISTRARI256 REGISTRAR'S SIGNATURE

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG.	NO.			
TE OF DEATH	MONTH	DAY	YEAR	2b. HOL
cember	12.	1985		5:30

Za DATE O

e 6 #	(TYPE					D. 1 10	1005	-
oge deo								2
ge 4 mc ectar. p	3. SEX	Male	White			65	MONTHS DAYS	H
ror rone hone		OUNTRY)	76. CITIZEN OF WHAT COUNTR	MARRIED	NEVER MARRIED DIVORCED XX			
11/1/3	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR		120. USUAL OCCUPATION	126 KIND OF	
Street Street	13a S	AL RESIDENCE (IF NURSING HOME OR ITATE 136 COUN Prin	OTHER INSTITUTION GIVE RESIDENCE BEF	Riverd	34 INSIDE CITY LIMITS?			Zi
100	14 FA	THER'S NAME	MIDDLE		5. MOTHER'S MAIDEN NA	ΛE	LAST	
17	0	(ES, NO OR UNKNOWN) (IF YES, GIV				ADDRESS Shives-Sis	P.O. termarbu	ır
(B)		PART I. DEATH WAS CAUSE	Ď BY:		riest		APPROXIN BETWEEN O	NS
that the deoth call by the attendurable correction or carbon correction or rather traumatin		Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last.	(b) (q)	diac o				1
requires on signed Then pli in to burn in jury, o	NOI	PART 2. OTHER SIGNIFICANT C						
he low ion. hos ber if permit	TIFICAL	190 DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION	WAS PERFORMED			
ICIAN: 1 9 physici ertificate iol-tronsi ntal Hyg	1		TH.	DAY YEAR	21c. HOW INJURY OCCURE	ED (ENTER NATURE OF INJURY IN ITEM	. 18 PART 1 OR PART 2)	
ottending ter this of is the burn h and Me	MEDIC	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY		21f LOCATION STREET	CITY OR TOWN	COUNTY	
	w no	No. The low requires that the death control of the second	A SEX Male 3. SEX Male 76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Waryland 16. CITY OR TOWN OF DEATH Riverdale USUAL RESIDENCE (16 NURSING HOME OR 138 STATE) Waryland 17. BIRTHPLACE (15 NURSING HOME OR 138 STATE) Waryland 18. COUNTRY) Maryland 19. CITY OR TOWN OF DEATH Riverdale USUAL RESIDENCE (16 NURSING HOME OR 138 STATE) Waryland 18. FATHER'S NAME HOTACE E. B 18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE (16 NURSING) OR COUNTRIBUTION OF COUNTRY OF COU	Edward Clare A. RACE White 3. SEX Male 76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland 17. DIATE OF TOWN OF DEATH Riverdale 17. DIATE OF TOWN OF DEATH Riverdale 17. DIATE OF TOWN OF DEATH Riverdale 17. DIATE OF TOWN OF DEATH 17. NAME OF HOSPITAL, NURS (IF NOT SUCH ACCIDITY GIVE STREEL) Riverdale 18. CAUSE OF DEATH (FINE IN U.S. ARMED FORCES? (FINE NOT SUCH ACCIDITY GIVE STREEL) 18. CAUSE OF DEATH (FINE IN U.S. ARMED FORCES? (FINE NOT SUCH ACCIDITY GIVE STREEL) 18. CAUSE OF DEATH (FINE IN U.S. ARMED FORCES? (FINE NOT SUCH ACCIDITY GIVE STREEL) 18. CAUSE OF DEATH (FINE IN U.S. ARMED FORCES? (FINE NOT SUCH ACCIDITY GIVE STREEL) 18. CAUSE OF DEATH (FINE IN U.S. ARMED FORCES? (FINE NOT SUCH ACCIDITY GIVE STREEL) 18. CAUSE OF DEATH (FINE IN U.S. ARMED FORCES? (FINE NOT SUCH ACCIDITY GIVE STREEL) 18. CAUSE OF DEATH (FINE IN U.S. ARMED FORCES? (FINE NOT SUCH ACCIDITY GIVE STREEL) 19. DATE OF OPERATION (B) 19. DATE OF OPERATION (B) 19. DATE OF OPERATION (B) 19. CONDITIONS CONTRIBUTING GOOD (G) 19. DATE OF OPERATION (G) 19. CONTRIBUTING GOOD (G) 216. TIME OF INJURY HOUR A.M. MONTH (FINE INFORMATION) 19. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING GOOD (G) 216. TIME OF INJURY HOUR A.M. MONTH (FINE INFORMATION) 216. TIME OF INJURY HOUR A.M. MONTH (FINE INFORMATION) 216. TIME OF INJURY HOUR A.M. MONTH (FINE INFORMATION) 216. TIME OF INJURY HOUR A.M. MONTH (FINE INFORMATION) 216. TIME OF INJURY HOUR A.M. MONTH (FINE INFORMATION) 216. TIME OF INJURY HOUR A.M. MONTH (FINE INFORMATION) 216. TIME OF INJURY HOUR A.M. MONTH (FINE INFORMATION) 216. PLACE OF INJURY HOUR A.M. MONTH (FINE INFORMATION) 216. TIME OF INJURY HOUR A.M. MONTH (FINE INFORMATION) 216. PLACE OF INJURY HOUR A.M. MONTH (FINE INFORMATION) 217. THE OPERATION (FINE INFORMATION) 218. TIME OF INJURY HOUR A.M. MONTH (FINE INFORMATION) 219. DATE OF OPERATION (FINE INFORMATION) 210. TIME OF INJURY HOUR A.M. MONTH (FINE INFORMATION) 210. TIME OF INTURE INTURE INTO TOWN HOUR A.M. MONTH (FINE INFORMATION) 210. TIME OF	Edward Clarence 3. SEX Male White No. BIRTHPLACE (STATE OR FOREIGN MARY) NAME OF MASPITAL, NURSING HOME OR OF MARY LOUNTRY? MARYLAND 10. CITY OR TOWN OF DEATH Riverdale U.S.A. U.S.A. U.S.A. Whoweld Memorial U.S.A. U.S.A. Whoweld Memorial U.S.A. U.S.A. U.S.A. Whoweld Memorial U.S.A. U.S.A. U.S.A. Whoweld Memorial U.S. A. U.S.A. U.S.A. Whoweld Memorial U.S. A. Who In Justice Pacific West Street Address of Maryland Who In Justice Pacific West Street Address of Leanning Home or Leanni	Edward Clarence Bastain 3. SEX Male Journal of Death Maryland Journal of Death III. CITY OR TOWN OF DEATH Riverdale U.S.A. USUAL RESIDENCE IF NURSHINGHOME OF OTHER INSTITUTION Riverdale USUAL RESIDENCE IF NURSHINGHOME OF OTHER INSTITUTION III. FATHER'S NAME HOTACE E. Bastain Maryland Prince George's Riverdale III. FATHER'S NAME HOTACE E. Bastain Maryland Prince George's Riverdale III. FATHER'S NAME HOTACE E. Bastain Maryland III. FATHER'S NAME HOTACE E. Bastain Maryland III. FATHER'S NAME HOTACE E. Bastain Maryland Prince George's Riverdale III. FATHER'S NAME HOTACE E. Bastain Maryland No III. FATHER'S NAME HOTACE E. Bastain Maryland III. FATHER'S NAME III. FATHER'S NAME III. FATHER'S NAME III. FATHER'S NAME III. FATHER'S	Edward Clarence Bastain December 12, 3. SEX Male White S. Date of Birth A Wight 1, Dat 1920 65 65 Maryland U.S.A. Maryland Prince George S. Riverdia National Memorial Maryland Prince George S. Riverdia National Memorial Maryland Prince George S. Riverdia National National Memorial Maryland Prince George S. Riverdia National National Memorial Maryland Prince George S. Riverdia National Natio	Edward Clarence Bastain December 12, 1985 Male White White 10 1920 76. BIRTHPLACE (STATE OF FOREIGN DATE) 76. BIRTHPLACE (STATE OF FOREIGN DATE) 77. BIRTHPLACE (STATE OF FOREIGN DATE) 78. CITIZEN OF WHAT COUNTRY? MARRIED DINOR REDATH 18. CITY OR TOWN OF DEATH 18. CITY OR TOWN OF DEATH 18. CITY OR TOWN OF DEATH 19. PROT SQUARDERS OF SAME CONTROLLED DINORCED XX Maryland Protect George's River Case State Of FOREIGN DATE OF SAME DOTE OF SAME DATE OF SAME DOTE OF SAME DATE OF SAME DOTE OF SAME DATE OF

22a I certify that (1) (this hospital) attended the deceased from,

P.O. Box 412 nives-SisterMarbury, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

126 KIND OF BUSINESS OR Stateof Md.

5:30p. M

IF UNDER 24 HRS

Zip₂₀₇₃₇

STAFF

opinion death occurred on the date and hour and from the causes stated

22c. DATE SIGNED

12/12/85

STATE

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

PHYSICIAN X DIRECTOR PHYSICIAN

22e. ADDRESS

ATTENDING

6001 Landover Rd., Landover, Md. 20785

BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

should be detached far use with the State Dept. of Heal

MPORTANT.

FUNERAL DIRECTOR:

230. BURIAL, CREMATION, REMOVAL Burial

Maximo Singer, M.D.

22d. PHYSICIAN'S NAME (OF PRESE

sow the deceased alive on_

22h, SIGNATURE

24 FUNERAL DIRECTOR

12/14/85

December 12 12

231. NAME OF CEMETERY OR CREMATORY Nanjemoy Baptist Cemetery Nanjemoy, Maryland

DEGREE

MEDICAL

250 DATE RECD. BY REGISTRAR 1580 REGISTRAR'S SIGNATURE LE 2015, Sule Junior Annie Arehart Funeral Home, Inc., La Plata, Md. OEC

COSTOR

pictions france (sorge's Sixurdaic

Lisnis . W simal

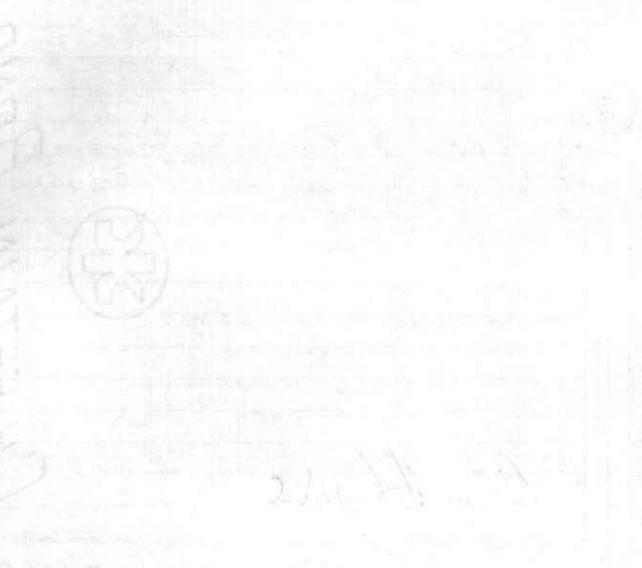
Cart / St Tanjemey Captist Comptery Nanjemey, Maryland

Arehart Funeral Home, Inc., ba Tlate, Md. UEV 2 (1956 galan A des Mark

Pitmar wat. T History i'd.

Varolnia d. Shives- internambury.

		1				STA	TE OF MARYLA	ND				6.	
		1-	FOR STATE			DEPARTMENT OF	HEALTH AND M	MENTAL HY	GIENE		5 5	3 /	1
36	4040	11	REGISTRAR		MEI	DICAL EXAMIN	IER'S CERTIFI	CATE OF	DEATH	REG. NO			
			CEASED NAME	FIRST		MIDDLE	LAST		Ze. DATE	KNOWNXX		DAY YEAR	26. HOUR
	98 CT 1/100 CT	(TYF	E OR PRINT)	n 11		4.	D-1-1 1-		OI.	ESTI- AM			110011
	X S H S H	3.50		David 4. RACE	C DATE OF BIDTH	M.	Batchelo ARS IF UNDER 1 YR.				12 10		٨
	55 5 F	3, 36,	M	0	S DATE OF BIRTH	YEAR LAST BIRTHO		HOURS A	HRS. 2c. DAT	E INCED		DAY YEAR	2:15
	83555	1		13	OCT 28/	985 Y	RS.	0.000	DEA		12-13	3 1985	D. N
-	多るなを思うら	7a. B	RTHPLACE (ST	ATE OR	76. CITIZEN OF WH	IAT COUNTRY?	MARRIED NE	EVED AS ADDIED	9 BALTI	MORE CITY O	R COUNTY	OF DEATH	
•	DE CE	1	Ma		45.1	4	WIDOWED -	DIVORCED	D Pri	ince Ge	orge's	s Count	
	EARES VI	劃號	RY PR TOWN	OF DEATH	II. NAME OF HOS	PITAL, NURSING HOM	E, OR OTHER INSTITU	UTION	26. USUAL OCCU		OF WORK 121	OR INDUSTR	
	SOME	EU	Distric	ct Hahts.		twood STree	o+ #3	-		BY C		S/	X 1
-	BESERVE	憾	SIDENCE	IF IN NURSING HOME OR	OTHER INSTITUTION, GIV	E RESIDENCE BEFORE ADMISS	ION)		140	016	-	YOM	1
2120	報題のう	T	MIL	136. COUNT	6.	Distait ()	4/5 YES T	NO A	STREET ADDR	Atwo o	od 5	19	7
9	- NONE//	14. E/	THER'S NAME				IS. MOTH	ER'S MAIDEN					
w	Eng 37/	1	D AY16	d iss	MIDDLE +-	LAST	11	FIRST		MIDDLE 2	1	LAST	
Ö	20440	1160 V	VAS DECEASED		ED FORCES?	166 SOCIAL SECURIT	Y NO. 17, INFOR		INNL	ADDRESS	10K		
3	BT525		ES, NO, OR UNKNO				1	1		ADDICE33			
3	ASEAS/		No		(4	Mone	140	droy 1	Atkin	5041			
3	8 8 F G		18 CAUSE OF	F DEATH (Enter only	ane cause per line	far (a), (b), and (c).)		4.		THE W		APPROXIMATE BETWEEN ONSET	INTERVAL
PRESTON ST	克莱克罗克		PARTIDE	ATH WAS CAUSED	CALISE (a) S	udden Infa	nt Death S	Syndrom	e			BETWEET ON SET	AND DEATH
0	\$E38.09		200	BroneDiale		AS A CONSEQUENCE			337				
5	至三四四五四			ns, if any, which									
	A A A A A A A A A A A A A A A A A A A			e to immediate stating the under-	(b)				1 - 97				
2	WENT AND		lying cau		DUE TO, OR	AS A CONSEQUENCE	OF						
24	5-8-8-00 5-8-00 5-8-0	-			(c)								
DIVISION OF VITAL RECORDS,	E SHOULD BE EXECUTED WITHIN A WORD "PENDING" IN PENCIL IN IN E CHIEF MEDICAL EXAMINEE ALG BE USED AS A BUGHAL-TRANSIT NI OF HEALTH AND MENTAL HYG BURIAL, CREMATION, OR REMOV	z	PART 2 OTHER SIG	GNIFICANT CONDITIONS CO	INTRIBUTING TO DEATH I	UT NOT RELATED TO THE TERA	INAL DISEASE OR CONDITIO	ON GIVEN IN PART I	î ia			PAGE	
EC	A SEAL OF SEAL	CERTIFICATION	19g, DATE OF	OBERATION	- Line and a								
3	A FERENCE	5	198. DATE OF	OPERATION	196. CONDII	ION FOR WHICH OPER	ATION WAS PERFOR	RMED?				20 AUTOPSY?	•
= =	38255	E										YES XX	NO 🗆
7	CERTIFICATE SH SITING THE WOR DED TO THE CI E 3 SHOULD BE LE E DEPARTMENT CO SI PRIOR TO BUS	1 8		L CAUSE WAS	216. TIME OF		21c HOW INJURY	YOCCURRED	(ENTER NATURE OF IN	NJURY IN ITEM 18 PA	ART 1 OR PART 2		
Z	METHON TO THE SHOULD SH		UNDERLYING	OR NG CAUSE OF DE		MONTH DAY YEAR							
Sic	RTIFIC NG TH SHOU RIOR	MEDICAL	214 INJURY O			PF INJURY (AT HOME.	21f. LOCATION						
N	VRITING THE WARDED TO THE GE 3 SHOULD BUT DE PRINK TO BUT DE P	ME	WHILE AT WORK	NOT WHILE	STREET, FACTO	ORY, FARM, ETC.)	STREET		CITY OR TO	OWN	COUNTY	Y	STATE
	E, WRII WARD WARD PAGE: STATE STATE	-	AT WORK	ATWORK								F 34	
	CATE FOR THE S NND,		22a. I certif	y that Mapk charge	of the remains des	ribed affave, held an	Autopsy XX,	Inspection	, Inquiry	and	In my apinio	an	
	10 P		death resulte	ed fom / Natura	causes 4	Accident S	icide . Hami		Undetermined m				
	SECTION			1/1	. 7/1	11	0 15		Onderermined m	ionner,			
	202023	1.0	ACTUAL /	Well.	112-117	much		sistant			DATE	12-14-	.85
	NEWAL SHOE	1	SIGNATURE	0 0.000	00	A	7100	o Lo Curre	_MEDICAL EXA	MINER	SIGNED_	12 11	0.5
	MEDICAL SC A SHOK FUNERAL ER DEATH,	1	EXAMINER'S	NAME Down	ic E Cm	th MD		111 0	onn C+	Da1+0	FM.	. 2120	17
	PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	-	TYPE OR PRIN		is F. Smy		ADDRESS_		enn St.	, Daito	· , PIC.	. 2120	/ 1
	世历史世代明	280 BI	JRIAL, CREMAT	ION, REMOVAL 236	DATE	230 NAME OF CE	METERY OR CREMATO	ORY	23d LOCATION		COUNTY	STA	ATE
07/84	BP				2-19-8-	MARK	110014 (e	m.	Londo	VEL.	P. C.	ost of	
25M	DHMH - 17	24. FU	NERAL DIRECT	TOR	4000000		4 100	250. DATE REC	D. BY REGISTR		TRAR'S SIGI		<u></u>
	(VR A15 ME (5))	1.1	3.WB	shingt	V= 492	5 BURRO	og45 HVE	ULG	a 4 198		- West	male same	
		B								10.7			



- STATE

Male

REGISTRAR DECEASED NAME

TO BIRTHPLACE (STATE OR FOREIGN

Washington D.C.

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RE 13a. STATE 113b. COUNTY 113c. C

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

Canditians, if any, which gave rise to immediate cause lat, stating the underlying cause last PART 2 OTHER SIGNIFICANT CO

90 DATE OF OPERATION

WHILE NOT WHILE C

22b. SIGNA

22d PHYSICIAL

230. BURIAL, CREMATION, REMOVAL Burial

210. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

saw the deceased alive an_

10 CITY OR TOWN OF DEATH Lanham

Maryland

4 FATHER'S NAME

James

NO

Richard Herman

Caucasian

U.S.A.

TO CITIZEN OF WHAT COUNTRY?

Prince George Hyattsville

21e. PLACE OF INJURY

12-24-85

(AT HOME STREET, FACTORY, OFFICE FARM, ETC

Bea11

166 SOCIAL SECURITY NO

4 RACE

MIDDLE

18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY-

IMMEDIATE CAUSE (a)

220-1 certify that (1) (thus hospital) attended the deceased fram

abave, (1) (western) (did nat) view the body after death.

P.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5. DATE OF BIRTH

MONTH

WIDOWEDXX

BEALL

CERTIFICATE OF DEATH

DAY March 18, 1908

DATE OF DEATH	MONTH	DAY	YEAR	26 HOL	JR
December	21,	1985		8:20	p.
AGE (IN YEARS LAST !	BIRTHDAY)	IF UNDE		IF UNDER	
		MUNIHS	DAYS	HOURS	MIN

MARRIED NEVER MARRIED	I BALTIMORE CITT OR COUNTY O	PUEATR
WIDOWED DIVORCED	Prince George's	County
HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS (

BALTIMORE CITY OR COUNTY OF DEATH

Doctors' Hospital of Pr. Geo. Co. Carpenter Construction 13e STREET ADDRESS / ZIP CODE 2009 Sheridan Street, 20782 13d. INSIDE CITY LIMITS?

Zveclo 1

STATE

15 MOTHER'S MAIDEN NAME MIDDLE Wendel Molly G. ADDRESS 17 INFORMANT

578-01-7903 Geraldine Sullivan, Same as Line #13

b) rull of faces sections	~		-
DUE TO, OR AS A CONSEQUENCE OF	e obthe for	me 5	40
NDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CON	DITION GIVEN IN PAR	T 1ca
The Condition for which operation was performed			
CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FIN	DINGS USED SES OF DEATH?
	YES NOK	YES	NO 🗆
216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	URRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART	2)

		YES 🗌	NOK	YES	
AR 9	216 HOW INJURY OCCURRE	D (ENTERN.	ATURE OF INJURY IN	ITEM 18 PART : OR PAR	1 2)
	211 LOCATION		CITY OF LOWN	COUNT	,

#	13.0		\$	to	121	1	9	that (B)	الزمسة)
-	and that in	(my) (aur) a	pinian death	accurred ar	the date	and hau	and fram 11	ie causes si	rated
_	DECREE		-						

L	DEGREE			22c. DAT	EISIGNE	D	
	MO	ATTENDING PHYSICIAN	MEDICAL STAFF	In	Lu	In	
	22e ADDE	RESS	10				

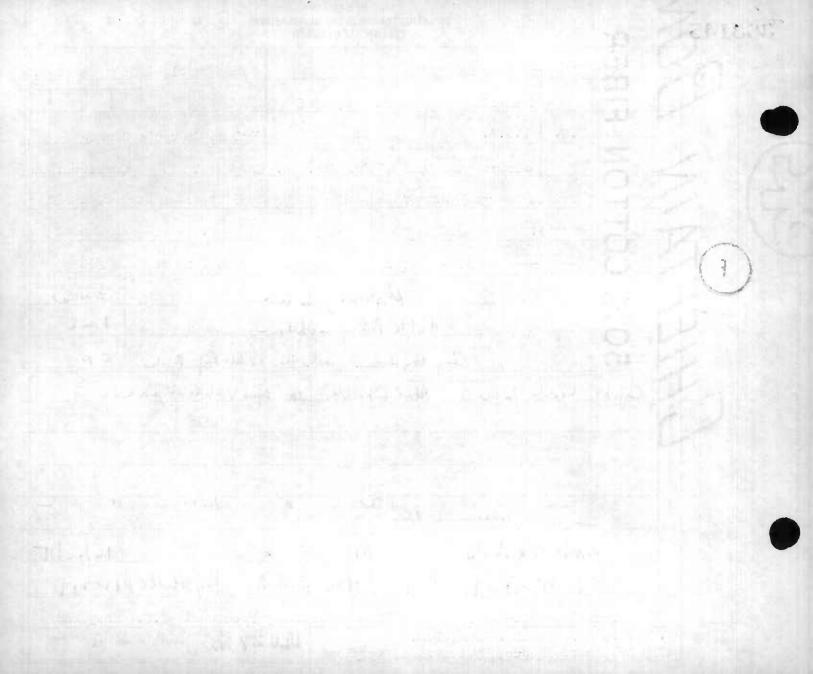
22e ADDRESS	
J106	Bel he

و	He	athelle	M	10

Fort Lincoln (Brentwood,	P.G. Maryl	and
23c NAME OF CEMETERY OR	CREMATORY	23d LOCATION		

FUNGASCHS Sons Funeral Home, P.A. 4739 Baltimore Avenue, Hyattsville, Maryland (VRA 15, 4)

DHMH - 16 60M 7/B4



AFOOF	Ι,	FOR		DEPA		EALTH AND MENTA	L HYGIENE	5	3 5	37
15085	1	STATE REGISTRAR			CERTIF	ICATE OF DEATH		REG. NO		
		F OR PRINTS		MIDDLE	ı	AST	2a. DATE C	FDEATH W	AONTH DAY YE	AR 26. HOUR
page 3		R	AYMOND		В	EAN	4.0	17	-3 -55	4-301
frer o	3. SE	X	4 RACE		5. DATE C			YEARS LAST BIRTH		YEAR IF UNDER 24 HI
o succession of the control of the c		Male	Negro	0	Sep				YRS.	
2 hour	70. B	IRTHPLACE (STATE OR FORE)	GN 76. CITIZEN OF	WHAT COUNT	RY? 8.	NEVER MARRIED	KI		COUNTY OF DEAT	
o S	1	Maryland	USA		WIDOWE	D DNORCE	PRINC		RGES COUN	-
by the f		CLINTON MD				OSPITAL	120 USUAL (TYPE OF WO	occupation	WORKING LIFE) 176. KII WORKING LIFE) INDUS	ND OF BUSINESS (STRY
od by	130.	AL RESIDENCE (IF NURSING ISTATE 136	COUNTY Calvert	13c. CITY OR T	OWN	13d. INSIDE CITY LIMI	77 9	ADDRESS /	ZIP CODE	20629
2 syl	THE REAL PROPERTY.	ATHER'S NAME			ullia .	15. MOTHER'S MAIDE				
and and	1	James	WIDDLE	Bean		Elizab	eth	WIDDEE	Simms	LAST
D - 0		WAS DECEASED EVER IN U		16b. SOCIAL S	ECURITY NO.	17 INFORMANT		ADDRES		
Pag med	1	YES, NO OR UNKNOWN) (IF	WW-2			Ella Bann	ister Bo	x 15-I	B, Lusby,	Md
more cyloderection		PART I. DEATH WAS IMM Conditions, if ony, wh gove rise to immediacouse (a), stating	DUE TO, O	RAS A CONSE	QUENCE OF	1 OF	LUNC	712		PROXIMATE INTERVAL MEEN ONSET AND DEAT
it permit. Then plea iene priar to buriol nows ony injury, or ath	CERTIFICATION	PART 2 OTHER SIGNIFIC	CANT CONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE	TERMINAL DISEAS		TION GIVEN IN PAI 70b. IF YES, WERE FI IN CERTIFYING CAI YES	INDINGS USED
certificate nriol-transit ental Hygi	4	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	110110 1	M. MONTH	DAY YEAR	21c. HOW INJURY O	CCURRED (ENTER N	ATURE OF INJURY	IN ITEM 18 PART I OR PAR	11 2)
the buriol-t ond Mental	MEDICAL	(IF EITHER, NOTIFY MEDICAL E 7 Id. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE		19 ICE, FARM, ETC.)	211 LOCATION STREET		CITY OR TOW	n count	Y STATE
DIRECTOR: Aftoched for use at Dept. af Health		220 1 certify that (I) (this saw the deceased a	177 - /	85	9, or	d that in (my) (aur) ap			27c [DATE SIGNED
detoc ate D		toulle	M.Ma	the	u		NG MEDICAL AN DIRECTOR	STAFF PHYSICIA	AN	5-3-85
shauld be deto with the State I		KRUHA K	1 M-wy.	THUI	2	17 MAR	SHALL	Rd.	waldor	y 3060
Oh share	23a.	BURIAL, CREMATION, REM	Annual Control of the	1		EMETERY OR CREMAT	ORY 23d LOC		COUNTY	STATE
		Burial	Dec. 7	-1985	St. Joh	ns Chr. Ce	m. Lus	by	Calvert	Md
16 50M 4/B3		UNERAL DIRECTOR	0 10	ADDRE	SS	25	DATE REC'D. BY	REGISTRAR 2	Sh. REGISTRAR'S SIC	
'RA 15, 4)	SI	encer E. Sew	rell Box 3	1. Prin	ce Fred	erick. Md DE	U U	0	. Sa Davidin	Manh 00

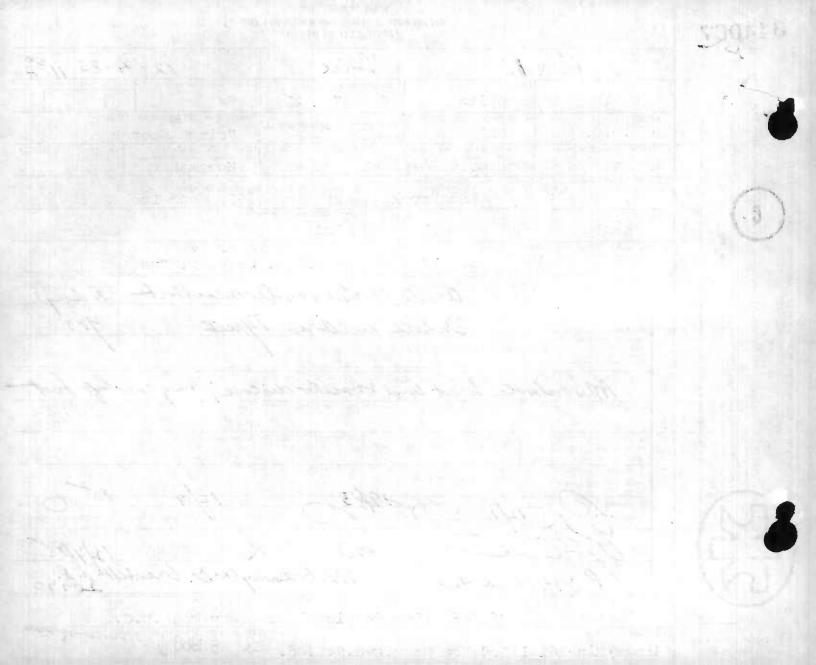
1120816 • • • • • denied troubs of the control of the The second of th

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 314067 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH 1. DECEASED NAME MONTH TYPE OR PRINTS Frances Rock Beck 4 RACE 5. DATE OF BIRTH & AGE LIN YEARS LAST BIRTHDAY IF UNDER 1 YEAR 3. SEX 27 AY 2 1 Female White 64 70. BIRTHPLACE (STATE OF FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Wash.D.C. USA Prince George WIDOWED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12n. USUAL OCCUPATION 12b. KIND OF BUSINESS OR Doctor's Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Lanham Homemaker USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 9939 Good Luck Road Md. 13d INSIDE CITY LIMITS? Seabrook YES X1 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME ROV Elsie Robert Rock Redding 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Same as ADDRESS None 14 2081 Samuel H. Beck, Jr. * Husband APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY NOF YES T NO [210 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY OFFICE, FARM ETC) NOT WHILE haspital) attended the deceased from, our) apinion death accurred on the date and hour and from the causes stated and not new the body ofter death. DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN should be de with the Stati SCHISSLER MO 231 NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23d LOCATION Burial STATE 12/6/85 BP. Congressional Cemetery Wash.D.C. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR

Hines/Rinaldi 11800 New Hamp. Ave. S. S. Md

DHMH - 16 50M 4/B2

(VRA 15, 4)



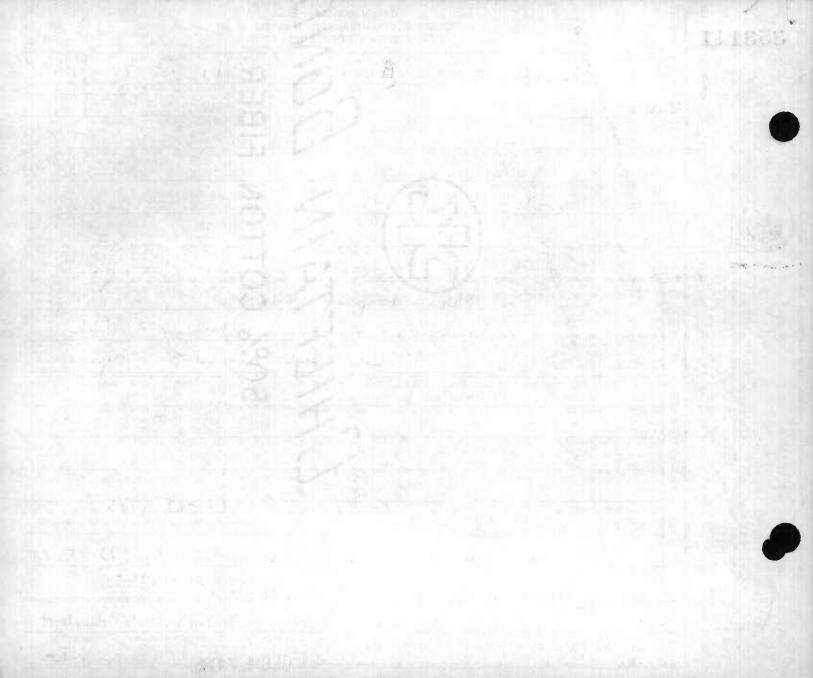
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS - STATE REG. NO 008038 20. DATE KNOWN NONTH ESTI-DEATH MATED IF UNDER 24 HRS DATE LANT BIRTHDAY) PRONOUNCED DEAD 70. BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNT MARRIED NEVER MARRIED FOREIGN COUNTRY! ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION LTYPE OF Cleray Religious USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Bernards Drive 20840 I FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST Rose Joseph Bennett 16b. SOCIAL SECURITY NO. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 2425 17. INFORMANT (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Yes Silver Spring, Md. 20906 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE O Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20. AUTOPSY? YES 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE CITY OR TOWN WHILE AT WORK COUNTY STATE 220 I certify that I took charge of the remains described above, held an and in my apinian Natural causes death resulted fram Accident Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATUR EXAMINER'S NAME John S. Rogers 1919 Seminary Road Silver Spring TYPE OR PRINT ADDRESS. × 0 23d. LOCATION Burial 12/31/85 Gate of Heaven 07/84 Silver Spring Montgomery Md D. BY REGISTRAR 25h REGISTRAR'S SIONATURE Francis J. Collins, Jr. **DHMH - 17** (VR A15 ME (5)) 500 University Blvd. W. Silver Spring. Md.

Takia Davidson

(VRA 15, 4)

Funeral Home

STATE OF MARYLAND



4	STATE OF MARYLAND									
OFWOOD !	1 - STATE	DEPART	WENT OF HEALTH AND MENTAL HYG	SIENE O S	5000					
357007	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.						
	1. DECEASED NAME	##ST MIDDLE	AST		DAY YEAR 26. HOUR					
* m#	(TYPE OR PRINT)	1	BLACK	/) /	2 61- 130					
2 000		obser C.		12 - 1:	3-87 6-6W					
1 01	3. SEX	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.					
1 85 /	F	1 8	4 20 19	66 YRS.	MIN.					
The second of	To BIRTHPLACE CHANGE	76. CITIZEN OF WHAT COUNTRY?	8	9. BALTIMORE CITY OR COUNTY	OFDEATH					
4 75 4	5914	10 1100	MARRIED NEVER MARRIED							
8 8 6	Masny 4	ici Wisitt.	WIDOWED DIVORCED	Prince George						
1 11 87/	18. CITY OR TOWN OF DEA	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION	126. KIND OF BUSINESS OR					
= 5 to W	ForkesTv.11	REGENCY NURS		HUMINISTRATOR						
22 2 22 /2010	USUAL RESIDENCE TO NURSE	I I HE HE OLD THE R INSTITUTION: GIVE RESIDENCE BEFORE		THE THE THE THE THE THE	Danie					
0 7 19 4	Use STATE	THE COUNTY 13c. CITY OR TOW		13e.STREET ADDRESS / ZIP CODE	- 9,9999					
A	6/16/1	MAShik	IGTUN YES NO	1905 16-51	, NIW.					
E 1. 17 200	14 FATHER'S NAME	MEDDU CAST	15. MOTHER'S MAIDEN NA							
W p ph	Kobert	CRANC	FIRST	MIDDLE	IAST					
H 5 8- 48-79	No. WAS DECEASED EVER	IN U.S. ARMED FORCES? 1166 SOCIAL SECU	BRITY NO. 17. INFORMANT	ADDRESS	. The Community					
0 P P 7 7	(183. HOZOR UNKNOWN)	IN TEL GAT WAN DABATES) = 10	11167 -		GEST, N.W.					
1 8 65	No	0/7-18	1 M 4401 6863	slach wash	(PO005), J. C. (20009)					
A de de de	18 CAUSE OF DEATI	H (Enter only one cause per line for (a), (b), di	dici.) A		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
2 4 631	PART I. DEATH W	AS CAUSED BY	relowman NULL		The street of the					
5 8 P.3 5	93 Mills 5 100	IMMEDIATE CADSE (II)								
2 1 10 1	2 2 2 2	DUE TO, OR AS A CONSEGUI	ENCE OF CALL THE	alor						
B . 4 14 8 4	Conditions, if any,		us conjed 41 to							
2 1	couse (a), stating	DUE TO, OR AS A CONSEQUE	ENCE OF							
* 5 FE 5	underlying couse	lost (c)	DYN							
2 24 2 3	PART 2 OTHER SIGN	VIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	IN ALDISEASE OF CONDITION GIV	FN IN PART NO.					
8 1 1161	ž į	Colored Colore	DEATH BOT TO THE TERM	THE DISEASE ON CONDITION ON	EIT II TAKE NO					
0 1 1 1	I I DATE OF OPERAT	THE CONDITION FOR WILLIAM	OPERATION WAS PERFORMED	20 ALITOREVO CON IEVES	S, WERE FINDINGS USED					
9 9 9 9	-2	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		YING CAUSES OF DEATH?					
A 55 25 5	71s. ACCIDENT WAS UND				S NO					
2 2 5 5 5 W		110110 111 1101111 0	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18 P	ART I OR PART 2)					
8 55 55 5	Secontaminas De	100 C 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0								
N Ban son	214 INJURY OCCURR		19 21f LOCATION							
38 F = 1 P P	W .	LAT HOME STREET EACTORY OFFICE S		CITY OR TOWN	COUNTY STATE					
VIO NG THE STATE	AT WOR AT WOR		01 9							
7 7 7 8 E	22a I certify that (1)	(this haspital) attended the deceased from_	0-1-190), to 12-12-	19 , that (If the) last					
2 4 5 0 5 4 E	above (M/we) id	id) (did not) view the Body after death.	, and that in (ny) (ay) apinion	death accurred on the date and have	r and from the causes stated					
A SE	72% SIGNATURE	id ((did fid)) view the body after death.	DEGREE		22c DATE SIGNED /					
01 030 =	14	× bombe	ATTENDING L	MEDICAL STAFF	12-/11/2					
A S S S S S S S S S S S S S S S S S S S	1	ACCIONAL TO THE PARTY OF THE PA		DIRECTOR PHYSICIAN	1 10					
2 2 2 1 4 /	224 PHYSICTAN'S NA	d times and	22e ADDRESS	IR. IA.	C+ Ban					
4 6 6 8 4 8	G.K.	1/ Edgre combe	12100 010	x Slower Are	8m, 271					
CC CAPTO	23a. BURIAL, CREMATION, I	REMOVAL 231 DATE / 231.1	NAME OF CEMETERY OR GREMATORY	23d. LOCATION						
11448011	Burie-	- 100 lur	NCOLH MEMORIA	CHYORTOWN	STATE STATE					
7///	24. FUNERAL DIRECTOR	17.703 [2	The A MAN TO THE	H SUTTANA	DADIS SIGNATURE					
DHMH - 16 50M 4/83	NIA ME	ADDRESS ADDRESS		E REC'D. BY REGISTRAR 256. REGIST	KAK 3 SIGNATURE					
(VRA 15, 4)	HHLL DKO	S. tuneral Home We	ish, D.C. (2000) JEC	1 7 1085 dulian	Savidson Rondalle					

354647 Completely to the A STATE OF THE PARTY OF THE PAR May supplied to core The same of the sa

006065	X.	FOR STATE REGISTRAR		DEPART	MENT OF H	OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH	IENE 8 5	3 5	8 4
		OR PRINT	FIRST	WIDDLE	17	51	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
poge 3			Audrey Sh	orter B1	azek		December	r 29.1985	6:35PM
mo.	3. SE	(4 RACE		5 DATE O		6. AGE IN YEARS LAST BIR	MONTHS DATE	HOURS MIN
ge 4	1	female		u.	Jun		77 yrs		
Pol di		RTHPLACE (STATE OR FOR		WHAT COUNTRY?	MARRIED MARRIED	NEVER MARRIED		R COUNTY OF DEATH	
	15	MARYLAND	U.S.A		WIDOWE			orges County	
1 2 1/4	1	TY OR TOWN OF DEATH	(IF NOT IN SU	ICH FACILITY, GIVE STREET	ADDRESS)	R OTHER INSTITUTION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O	F WORKING LIFE) INDUSTRY	OF BUSINESS OR
THE ST	2	Laurel		r Laurel		<u>ville Hospita</u>	sewing m	ach.op. c	lothing
	13a S M	aryland	Dorcheste	13c CITY OR TOW	/N	YES X NO		ZIP CODE nington St	., 21613
mpletel one 2 2 3	j≮ FA	THER'S NAME PIRST NAPOLE	ON	SHORT		15. MOTHER'S MAIDEN NAME MAMIE	N.	ELLI	ST TT
dicol dicol	160 V	VAS DECEASED EVER IN	U.S. ARMED FORCES?	166 SOCIAL SECU		17 INFORMANT daug			
Pogn P	N	VAS DECEASED EVER IN (ES NO OR UNKNOWN)	(II TES SITE WAN ON DATES)	212-10	-4569	Margaret E	Blazek, sa		(IMATÉ INTERVAL ONSET AND DEATH
rquies that the death is speed by the attends. The please compare on the burial, cremation, or injury, or other traumost.	NO	Conditions, if any, y gove rise to imme cause (a), stating underlying cause	which diate the last (c)	OR AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CON		(a
11110	CERTIFICATION	190. DATE OF OPERATION	ON 196 CON	DITION FOR WHICH	OPERATION	WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE	NGS USED S OF DEATH?
46 44 64 /	RTIF						YES NO	YES [NO 🗌
CLAN Delicon delicon delicon		210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL LIFEITHER NOTIFY MEDICAL	USE OF DEATH HOUR	OF INJURY A.M. MONTH D P.M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2)	
G Perris attending the bur-	MEDICAL	21d INJURY OCCURRED	D 21e PLACE	OF INJURY TREET, FACTORY, OFFICE, I	FARM, ETC.)	21f LOCATION STREET	CITY OR TO	WN COUNTY	STATE
NO. T. C.		22a. I certify that (I) (t	his haspital) attended t	he deceased from_		, 19	, to		that (I) (we) last
ATTENDED TO THE PERSON OF THE	10	on the second of the first of t	the triew the bad	9 death.	0.1	d that in (my) (aur) apinion	death accurred an the de	ate and have and from the	causes stated
At Off / the bo At DIRE detached are Dept		" 4 flu	Wado				MEDICAL STAI	F IZ	30/85
O HOSPITAL House by the found by the Store WPORTANT,		PHYSITIAN'S NAM	MA-CHAL	00		321	RINCE GE	0 ST	
At Pass	23a E	URIAL, CREMATION, RE				METERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
BP		urial	Jan.	2,1986	Dorch	ester Mem. F	k. Airey,	Camb., Dor	., Md.
DHMH - 16 60M 7/84 (VRA 15, 4)	74 FI		URRAN FUN ambridge,			08 High 25 AN	02 15.00	736 REGISTRAR'S SIGNA	TURE

200000 THE STATE OF THE STATE OF THE STATE OF SOUTH A STREET AT A THE STREET AT LAND OF THE CHANGE 77-1-181

Manage to the second of the se

The state of the s

Alife to tagle of the case of

A Definition of the second second

STATE OF MARYLAND

THE WAY TO SHARE TO STATE OF VESHIAV U.S.A. × -- --ERRORE TO THE PROPERTY OF THE and the second s

DHMH - 16 60M 7/84

(VRA 15, 4)

FOR STATE

REGISTRAR DECEASED NAME

Maryland

CERTIFICATION

Burral

Yes NO OR UNKNOWN

A IE OR FOREIGN

John F. Brennan, Sr.

Conditions, if ony, which gove rise to immediate couse (o), stating the

190 DATE OF OPERATION

71n ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

P.G.

18 CAUSE OF DEATH (Enter only one couse per line for its), to and ice PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 10

Th CITIZEN OF WHAT COUNTRY? L1.5. A

OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO T

STATE OF MARYLAND CERTIFICATE OF DEAT

4009 Gallatin Street Hyattsvil

		CERTIF	ICATE OF	DEATH		REG. NO	D.			
	MIDDLE		AST		2a DATE O	F DEATH	MONTH	DAY YEAR	2b HOU	R
M	KITRAY .	BREI	NNAN	, Sr.		DE	EC 2	21 1985	5	P M
ACE ,	14-	S. DATE C			6. AGE IN	YEARS LAST BIRT	HDAY	IF UNDER 1 YEAR	IF UNDER	4 HRS
Whit	to the second	Ma	y 19	1922	6	3	YRS	MONTHS DAYS	HOURS	WIN
ITIZEN OF	WHAT COUNTRY?	MARRIE	NEVED	MARRIED -	9 BALTIMO	ORE CITY O	R COUNT	Y OF DEATH		
4.5.	A	WIDOWE	D D	NORCED _				5		MD
	HOSPITAL, NURSIN		R OTHER INS	NOITUTITE		RK FOR MOST O		12b KIND C		SSOR
009 Ga	illatin St	treet	Hyatts	sville	Cler			W.S.	s.c.	
RINSTITUTION	13c CITY OR TOWN Hyattsvil	N_	13d INSIDE	CITY LIMITS?	136 STREET 4009	ADDRESS /	ZIP CODE	£. #308	2078	31
			15 MOTHER	S MAIDEN NA	WE					
	LAST		Agnes	FIRST		WIDDLE	McI	Donough	57	
FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORM	ANT		ADDRE	SS	No.		
OR DATES)	578-18-3	3309	Elizal	oeth Bre	ennan,	Sames	as 1	line 13		
e couse per	line for tal, (b), and	ties:	1. 11	111	1			BETWEEN	DHSET AND	DEATH.
USE (0)	Myou	and	al &	njarce	ion			6 w	eeks	
DUE 10, 0	R AS A CONSCIUE	nceor	my He	east ?	isea	ee		6m	with	
DUE TO, O	R AS A CONSE	dior	mich	the.	0.000			1040	en.	
OITIONS CO	ONTRIBUTING TO D		15	TO THE TERM	IN AL DISEAS	SE OB CONI	NITION CI	/ENLINI DADT 1		
)	SIVINIBOTING TO E	ZAIII BOT	NELAIE	D TO THE TERM	IINAL DISEAS	SE OR CON	JIIION GI	VEN IN PART IS	0	
19b CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFO	ORMED	20a AUT	OPSY?	20h IF YE	S, WERE FINDI	NGS LISEI	
				J.M.E.D	IN CERTIFYING CAUSES OF DEATH					
21b. TIME O	E MINIBY		Tal. Howe		YES	ио 🔀	1	S	NO []
HOUR A.		Y YEAR	ZIL HOW I	VJURY OCCURR	ED (ENTERN	ATURE OF INJUR	Y IN ITEM IB	PART OR PART 2)		
P.,	M.	19								
THE PLACE O	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC)	211 LOCATI			CITY OR TOV	VN	COUNTY	51	TATE
		021	1	25	7	100	, _	20		
	20 10 8	300	<u></u>	190/	to	LEC -			that (I)	
	ofter deoth.	on.	d that in (my) (opinion o	leoth occurre	ed on the do	te and hou	ond from the	couses sto	ted
	1		DEGREE					224 DATE	SIGNED	
nna	nh n	1D.			MEDICAL DIRECTOR	STAF		Dec 2	4, 19.	83
, Jr.	, M.D.		3415	ss Hamilto	on St.	, Hyat	tsvi	lle, Md	. 207	782
DATE	23c. N	AME OF C	EMETERY OR	CREMATORY	23d LOC.	ATION				

Silver Spring, Mont., Md. STATE

John F. Brennan, Jr., M.D. 23a. BURIAL, CREMATION, REMOVAL

220.1 certify that (1) (hospital) attended the deceased from

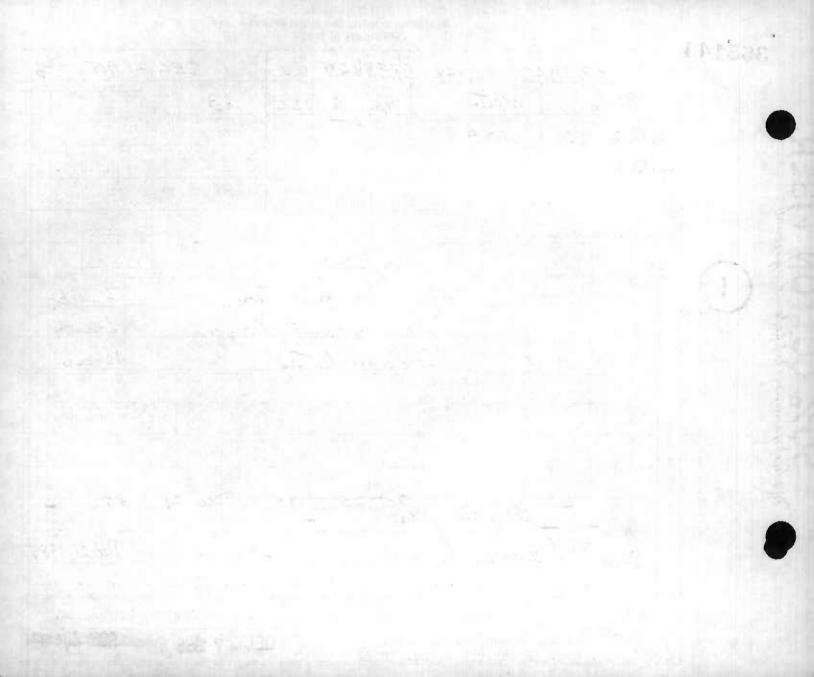
Gate of Heaven

24 FUNERAL DIRECTOR Francis Gasch's Sons, P.A.

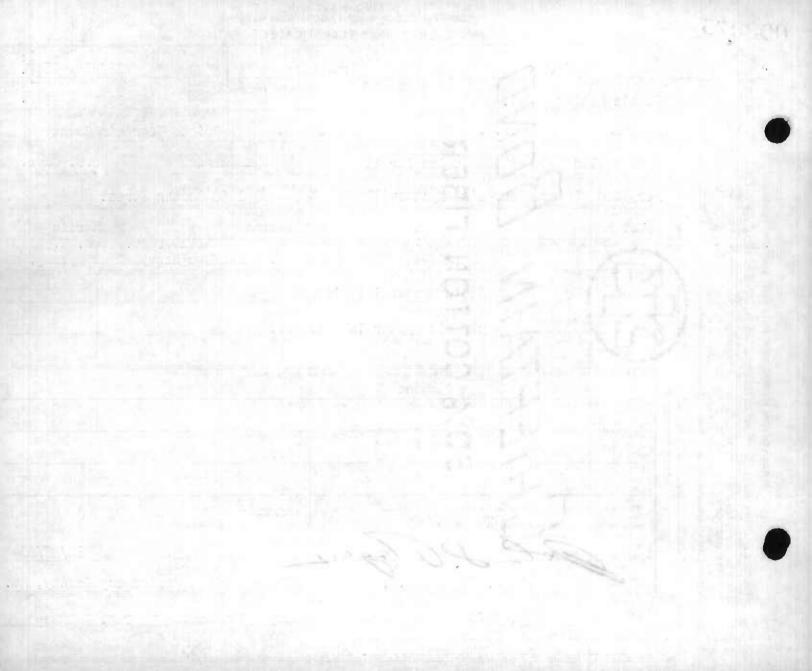
236 DATE

12-24-85

4739 Balto. Ave., Hyattsville, Md. 20781



			FOR			DI	EDADTA	STA MENT OF		ARYLAN		IVOITAII	et."	ay y		3	
00	3076	1-	STATE REGISTRAR					EXAMIN						REG. NO.	3	0 3	
	2		CEASED NAME	FIRST			MIDDLE			LAST					MONTH DA	Y YEAR	21 HOVE
	28 28 2 1 JA	(11)	E OR PRINT)	Theli	ma	M	lae		Br	esnah	an		OF	MATED	12/27	7 19 85	
	NECESSARY, PLEASE UNERAL DIRECTOR. 5 FOR YOUR FILES WITHOURS WITHOURS RESTON STREET	3. SE	(4 RACE	MONTH	· DAI	YEAR	6. AGE (IN YI	ARS IF UN	DER 1 YR.	IF UNDER		RONOUN	CED	MONTH DA	Y YEAR	11:26
	ARY ON 22 ON 22 ON 25 ON		emale	White	Jul.	26,19	903	82 Y	RS.				DEAD		12/27		P. ,
	SEESS OF THE SEESS	FC	RTHPLACE (ST	ATE OR		ZEN OF WHA	AT COUN	TRY?		ED NE		IED L		ORE CITY OR			
	S NE NE		irginia	OF DEATH		A. ME OF HOSPI	ITAL NILIE	SING HOM	WIDOW		DIVORO			e Geor		County KIND OF BU	
	TO THE FILED, A PAGE SEFILED, S. 201	1	Iyattsv	ille	1 1	408 Ru	lity, GIVE ST Latan	Stre	et	EK INSTITU	TION	Exam	ost of work	ING LIFE)	U.	OR INDUSTR	RY Vt.
MD=21201	ANY TELEGRAPHICA STATE OF STAT	13a. S	tate laryland	d Prince	or other in			OR TOWN	11e	13d. INSIDE C	ITY LIMITS?	13e STRE	et addres 8 Rua	stan St	reet	277	0
N N	聖汉朝一	J4. F/	ATHER'S NAME		WIDDLE			AST		15. MOTHE	ER'S MAID	ENNAME		DDLE		LAST	
	AND X OUT		Worth					tz			obert	a				art.in	
ALTIM	GIVE PACES	16a. V (Y	VAS DECEASED ES, NO, OR UNKNO NO	DEVER IN U.S. AR	MED FOR WAR OR DA	CES?	175	1AL SECURIT		Dori:		Glick		hter)S			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE,	EM 18. C DNG WII ERWIT. P IENE, DIV		18. CAUSE OF PART I DE	F DEATH (Enter or ATH WAS CAUSE IMMEDIA		use per line fo			ial d	iseas	e				8.0	APPROXIMATE ETWEEN ONSET	
ESTO	IN I		Candaian	s, if ony, which		UE TO, OR A								1911111			
- N	ENTH MINER MINER TRAN		gove ris	e to immediate stating the under-		(b) chro	nic	myoca	rdial	dise	ase.						
. 201 W	FZXXXX	8	lying cou	se lost.		UE TO, OR AS											
CORDS	DE EXECUENDING" II WEDICAL E AS A BURI ALTH AND CREMATIO	NO	PART 2 OTNER SIG	INIFICANT CONDITIONS	CONTRIBUTI	NG TO DEATH BUT		one	AINAL OISEASI	OR CONDITION	N GIVEN IN PA	RT 1 (a)					
RE	PENDINGE MEDICE PARTITION OF THE ACTUMENT OF T	ATK	19a DATE OF	OPERATION	11	96. CONDITIO			RATIONW	AS PERFOR	MED?				20	AUTOPSY?	>
/ITA	수유를임병	CERTIFICATION	Nor													YES 🗌	NO X
OF	THE CITY BE NOT TO BUT		210. EXTERNA UNDERLYING	L CAUSE WAS		Ib. TIME OF IN		DAY YEA	21c. HC	OW INJURY	OCCURRE	D LENTER NA	ATURE OF INJU	IRY IN ITEM 18 PAR	T 1 OR PART 2)		
Ö	ITIFICATE WE TO THE WHOULD BARTMEN	MEDICAL	CONTRIBUTION	G CAUSE OF	-	P.M.		19			None						
DIVIS	WRITING WRITING WARDED TO AGE 3 SHC ATE DEPAI	MED	21d. INJURY O WHILE AT WORK	NOT WHILE [100	TREET, FACTOR				CATION			CITY OR TOW	N	COUNTY		STATE
	FICATE, E FORW E FORW TTOR: P TTHE ST LAND, 2		22a. I certif	y that I taok chord	ge of the r		bed abov		Autop:	y ,	Inspectio	_	Inquiry		n my opinion		
	XAA EERTII LD B UD B WITH ARY			=			ecidemi		> Line	TITLE (SI		Onderei	rminea mor	nner,			
	A A A A A A A A A A A A A A A A A A A		ACTUAL SIGNATURE_	11/2	1	1	20	6	91	Depu	uty	MEDIC	CAL EXAMI	NER	DATE SIGNED	12/28	/85
	TO MEDICAL EXAMINER: EXECUTETHE CERTIFICATE, AGE 4 SHOULD BE FOR. TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S. BALTIMORE, MARYLAND,		EXAMINED SI (TYPE OR PRIN	iT)		S. Rog				ADDRESS_	silve	Semin r Spr	ary R ing,	oad Montgo	mery C	ounty	, Md.
	EDSTA9	23a.Bl	PECIFY)	ION, REMOVAL		0.40=		AME OF CE				23d LOC	ATION		COUNTY	STA	ATE
07/84 25M	BP	24 r £1		rial		20/85	Fo	rt Li	ncoln				ntwoo		P.G.	Mar	yland
	DHMH - 17 (VR AT5 ME (5))	1.1	AUCIS (Asch's Stimore A	sons	Funera	torri	me, P	.A.		DE	C 3 1	100E	256 REGIST	Savidson		10
	(((0))	4/	الرادي ال	CTHOLE Y	venue	= nyat	LSV1.	LIE, M	u. 20	1/81		01	COCI	1	- ACCOM CO	-Marlance	-



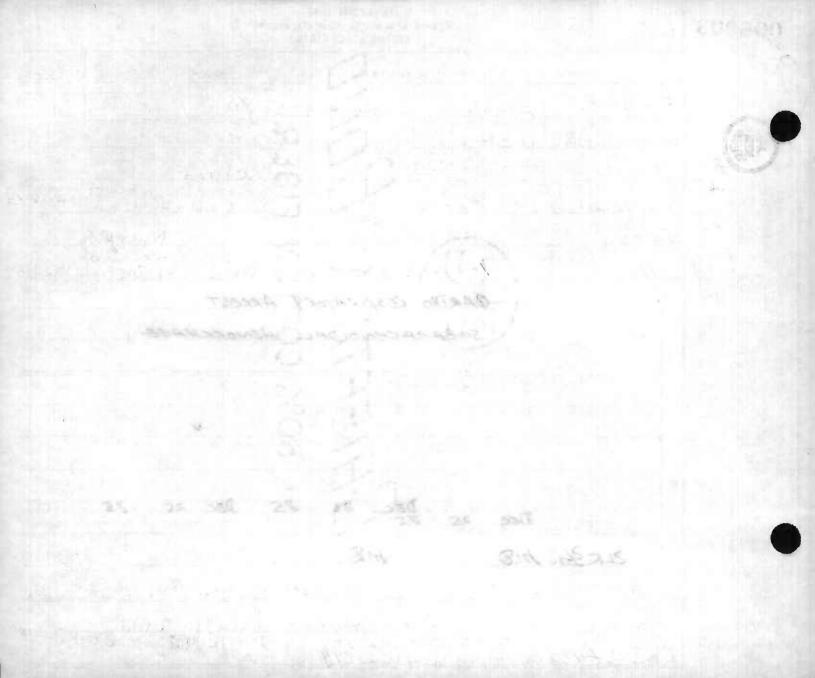
(VRA 15, 4)

10	1.	STATE REGISTRAR			DEFA		HEALTH AND MENTAL HY FICATE OF DEATH	REG. N	0	2 0	2 0
26	DE	CEASED NAME	FIRST		MIDDLE		LAST	20 DATE OF DEATH		DAY YEAR	26 HOUR
K	(TYPE	OR PRINT)	ETH	EL 1	May	BREW	VER .		12-28	8-85	5:55
61	3 SE.	X		4 RACE		5. DATE		& AGE IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24
		Female		White		May		97	YRS	MONTHS DAYS	HOURS
100		IRTHPLACE (STATE OR	FOREIGN	16 CITIZEN OF	WHAT COUNT	RY? 8	D NEVER MARRIED	9 BALTIMORE CITY	_		-1-7
0		aryland		U.S	.A.	WIDOWI		PRINCE GEO	DRGE'S	COUNTY	
Pa		ITY OR TOWN OF DE	ATH				OR OTHER INSTITUTION	12a USUAL OCCUPAT		126 KIND C	F BUSINES
34		HEVERLY					RAL HOSPITAL	Homemake			me
No.	USU. 13e. S	AL RESIDENCE (IF NUR	136 COUN		GIVE RESIDENCE BE		113d. INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE		
	Ma	ryland	P.G.	Co.	Cheve	rly	YES NO	5806 Dewey			85
42	14. FA	ATHER'S NAME		WIDDLE	LAST		15 MOTHER'S MAIDEN N	AME		LAS	
DU.		Samuel		bleton		land	Mary	Catherine	2	Rawlin	
9)		VAS DECEASED EVER		MED FORCES?	166 SOCIALS	SECURITY NO.	17 INFORMANT	ADDRI	ESS		
Bed		No		ne	212-7	4-4949	Mary E. How	ze (Daughter	c) Same	e as #	13.
the		18 CAUSE OF DEAT	H (Enter or	nly one couse per	In for (a), (b)		-				MATE INTERVA
event,		PART I. DEATH V		D BY: TE CAUSE (0)	brein	more	a ·		01		
0		No. of the last of	11-11-12-11-11	27			71		17		
1 fic				DUETO	AS A CONISE	dueNICE OF	1 1/		1		-
umatic		Conditions, if any	, which	DUE TO,	AS A CONSE	WENCE OF	who the	inloss è	Jany	mai	
r troumatic		Conditions, if any	mediote	(b)_	AS A CONSE Care	LUENCE OF	alor the	inhous è	Jany	grain	
other traumatic			mediate ng the	DUE TO, O	AS A CONSE R AS A S	LA OF	of ogl	inhoes à	Jany	grain	
, 0,		gove rise to im- couse (a), statii underlying couse	mediate ng the e last	DUE TO, O	den	LIL OF	g ogl	minal DISFASF OR CON	Jany John Giv	EN IN PART TO	
	NO	gove rise to im-	mediate ng the e last	DUE TO, O	den	WENCE OF OF	Joge ST RELATE TO THE TER	MINAL DISEASE OR CON	Jany JOITHON GIV	EN IN PART 10	
	ATION	gove rise to im- couse (a), statii underlying couse	mediote ng the e lost NIFICANT (DUE TO, O	ONTRIBUTING		g og l ST RELATO TO THE TER	MINAL DISEASE OR CON	20b. IF YES	, WERE FINDIN	IGS USED
ony injury, or	TIFICATION	gave rise to im- couse (a), stati- underlying couse PART 2 OTHER SIG	mediote ng the e lost NIFICANT (DUE TO, O	ONTRIBUTING		V	20a AUTOPSY?	20b. IF YES	, WERE FINDIN	GS USED OF DEATH:
ony injury, or	CERTIFICATION	gave rise to im- couse (a), stati- underlying couse PART 2 OTHER SIG	mediate ng the e last NIFICANT ((b)	ONTRIBUTING ITION FOR WH	HICH OPERATIO	DN WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES IN CERTIF YES	S, WERE FINDING CAUSES	IGS USED
18 shows ony injury, or	AL CERTIFICATION	gove rise to im- couse iol, statis underlying couse PART 2 OTHER SIGI 190 DATE OF OPERA 210, ACCIDENT WAS UN OR CONTRIBUTING	mediate ng the e last NIFICANT (TION DERLYING CAUSE OF DE	DUE TO, O (c) 19b. COND 19b. COND ATH HOUR A.	ONTRIBUTING ITION FOR WH OF INJURY M. MONTH	DAY YEAR	DN WAS PERFORMED	20a AUTOPSY?	20b. IF YES IN CERTIF YES	S, WERE FINDING CAUSES	GS USED OF DEATH?
Hem 18 shows ony injury, or		gove rise to im- couse in storiu underlying couse PART 2 OTHER SIGI 190 DATE OF OPERA 210. ACCIDENT WAS UN OR CONTRIBUTING [(IF EITHER NOTIFY MED)	MEDICANT (TION DERLYING CAUSE OF DEAL EXAMINES	DUE TO, O (c) 19b. COND 19b. COND ATH HOUR A.	ONTRIBUTING ITION FOR WH OF INJURY M. MONTH M.	HICH OPERATIO	DN WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES IN CERTIF YES	S, WERE FINDING CAUSES	GS USED OF DEATH?
or Hem 18 shows ony injury, or	MEDICAL CERTIFICATION	gove rise to im- couse in storius underlying couse PART 2 OTHER SIGI 190 DATE OF OPERA 210. ACCIDENT WAS UN OR CONTRIBUTING [LIF EITHER NOTIFY MEDI 216. INJURY OCCUR	MEDICANT (TION DERLYING CAUSE OF DEPLICAL EXAMINER RED	DUE TO, O (c) 19b. COND 19b. COND ATH HOUR A. 21b. PLACE	ONTRIBUTING ITION FOR WH OF INJURY M. MONTH M.	DAY YEAR	DN WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES IN CERTIF YE:	S, WERE FINDING CAUSES	NGS USED OF DEATH? NO
or Hem 18 shows ony injury, or		GOVE rise to imcouse iol, statis underlying couse PART 2 OTHER SIGN 190 DATE OF OPERA 210, ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER MOTHY MED) 21d, INJURY OCCUR WHILE NOTW AT WORK A WO	medicte ng the e lost NIFICANT (ITION DERLYING CAUSE OF DEA ICAL EXAMINER RED DRK	DUE TO, O (c) 19b. COND 19b. COND 19b. TIME C HOUR A. HOUR A. P. 21e PLACE (ATHOME STI	ONTRIBUTING ITION FOR WH OF INJURY M. MONTH M. OF INJURY REET FACTORY, OFF	DAY YEAR 19	216 HOW INJURY OCCU	20a AUTOPSY? YES NO RRED (ENTER NATURE OF INJU	20b. IF YES IN CERTIF YE:	O, WERE FINDIN YING CAUSES S ART I OR PART 2)	NGS USED OF DEATH? NO
or Hem 18 shows ony injury, or		gove rise to imcouse iol, statistically couse iol, statistically couse PART 2 OTHER SIGNATURE OF OPERA 21a, ACCIDENT WAS UN OR CONTRIBUTING (# ETHER MOTHY MED) 21d. INJURY OCCUR AT WORK NOTW AT WORK 220.1 certify that (1)	mediate mg the last last last last last last last last	DUE TO, O (c) 19b. COND 19b. COND 19b. TIME C HOUR A. HOUR A. P. 21b PLACE (ATHOME 5TH	ONTRIBUTING ITION FOR WH OF INJURY M. MONTH M. OF INJURY REET FACTORY, OFF	DAY YEAR 19 GIGE, FARM, ETC.)	216 HOW INJURY OCCU	20a AUTOPSY? YES NO RRED (ENTERNATURE OF INJU	20b. IF YES IN CERTIF YES JRY IN ITEM 18 P	WERE FINDING CAUSES S ART LORPART 2) COUNTY	NGS USED OF DEATH NO STA
or them 18 shows ony injury, or		gove rise to imcouse in a structure of the course of the c	mediate mg the last last last last last last last last	DUE TO, O (c) 19b. CONDITIONS CO 19b. CONDITIONS CO 19b. COND 21b. TIME CO HOUR A. P. 21c. PLACE (AT HOME STI	ONTRIBUTING ITION FOR WH OF INJURY M. MONTH M. OF INJURY REET FACTORY, OFF	DAY YEAR 19 HICE, FARM ETC.)	216 HOW INJURY OCCU 211 LOCATION STREET 19 nd that in (my) (our) opinio	20a AUTOPSY? YES NO RRED (ENTERNATURE OF INJU	20b. IF YES IN CERTIF YES JRY IN ITEM 18 P	WERE FINDING CAUSES S ART LORPART 2) COUNTY	NGS USED OF DEATH NO STA
or item 18 shows ony injury, or		gove rise to imcouse outselving couse of the part 2 OTHER SIGION OF CONTRIBUTING CURE THE PART OF CONTRIBUTING CURE THE NOTHY MED. 21d. INJURY OCCUR WHILE NOTHY MED. 220.1 certify that (1)	mediate ng the e lost NIFICANT (CAUSE OF DE- KICAL EXAMINER RED (this hospi	DUE TO, O (c) 19b. CONDITIONS CO 19b. CONDITIONS CO 19b. COND 21b. TIME CO HOUR A. P. 21c. PLACE (AT HOME STI	ONTRIBUTING ITION FOR WH OF INJURY M. MONTH M. OF INJURY REET FACTORY, OFF	DAY YEAR 19 HICE, FARM ETC.)	216 HOW INJURY OCCU 211 LOCATION STREET . 19 .nd that in (my) (our) opinio	20a AUTOPSY? YES NO RRED (ENTERNATURE OF INJU	20b. IF YES IN CERTIF YES	COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY	NGS USED OF DEATH: NO state that (I) (we causes state
If them 21 is morked or them 18 shows ony injury, or		gove rise to imcouse outselving couse of the part 2 OTHER SIGION OF CONTRIBUTING CURE OF CONTRIBUTION OF CONTRIB	mediate ng the e lost NIFICANT (CAUSE OF DE- KICAL EXAMINER RED (this hospi	DUE TO, O (c) 19b. CONDITIONS CO 19b. CONDITIONS CO 19b. COND 21b. TIME CO HOUR A. P. 21c. PLACE (AT HOME STI	ONTRIBUTING ITION FOR WH OF INJURY M. MONTH M. OF INJURY REET FACTORY, OFF	DAY YEAR 19 HICE, FARM ETC.)	216 HOW INJURY OCCU 211 LOCATION STREET . 19 .nd that in (my) (our) opinio	20a AUTOPSY? YES NO RRED (ENTERNATURE OF INJU	20b. IF YES IN CERTIF YES	COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY	NGS USED OF DEATH? NO STAI that (I) (we causes state
If them 21 is morked or them 18 shows ony injury, or		gove rise to imcouse of couse of the couse o	mediate ng the e lost NIFICANT (CAUSE OF DE- KICAL EXAMINER RED (this hospi	DUE TO, O (c) CONDITIONS CO 19b. COND 19b. COND 21b. TIME C HOUR A. P. 21e PLACE (AT HOME STI	ONTRIBUTING ITION FOR WH OF INJURY M. MONTH M. OF INJURY REET FACTORY, OFF	DAY YEAR 19 HICE, FARM ETC.)	216 HOW INJURY OCCU 211 LOCATION STREET . 19 .nd that in (my) (our) opinio	20a AUTOPSY? YES NO RRED (ENTERNATURE OF INJU	20b. IF YES IN CERTIF YES	COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY	NGS USED OF DEATH? NO STAT that (I) (we) causes state.
If frem 21 is morked or frem 18 shows ony injury, or		gove rise to imcouse in the couse in the cou	mediate may the last of the la	DUE TO, O (c) 19b. COND 19b. C	ONTRIBUTING ITION FOR WH OF INJURY M. MONTH M. OF INJURY REET FACTORY, OFF	DAY YEAR 19 HICE, FARM ETC.)	216 HOW INJURY OCCU 211 LOCATION STREET . 19 nd that in (my) (our) opinio DEGREE ATTENDING PHYSICIAN 22e ADDRESS	20a AUTOPSY? YES NOTE RRED (ENTERNATURE OF INJU CITY OR TO n death accurred on the d MEDICAL STA DIRECTOR PHYSIC	206. IF YES IN CERTIFYES IN CERTIFY WESTERN TEM 18 POWN	COUNTY 19 19 17 OATE	STATE
If them 21 is morked or them 18 shows ony injury, or	WEDICAL MEDICAL	gove rise to imcouse in the couse in the cou	mediate may the property of th	DUE TO, O CONDITIONS CO 19b. COND 19b. CO	ONTRIBUTING ITION FOR WH OF INJURY M. MONTH M. OF INJURY REET FACTORY, OFF	DAY YEAR 19 GIGE, FARM ETC.)	216 HOW INJURY OCCU 211 LOCATION STREET . 19 nd that in (my) (our) opinio DEGREE ATTENDING PHYSICIAN 22e ADDRESS	200 AUTOPSY? YES NO RRED (ENTER NATURE OF INJUDENT TO CITY OR TO C	206. IF YES IN CERTIFYES IN CERTIFY WESTERN TEM 18 POWN	COUNTY 19 19 17 OATE	STATE
ar Hem 18 shows ony injury, or	WEDICAL MEDICAL	gove rise to imcouse oil, statistically couse in the statistical part 2 other significant was underlying document of the statistical part of the stati	mediate may the property of th	DUE TO, O CONDITIONS CO 19b. COND 19b. CO	ONTRIBUTING ITION FOR WH OF INJURY M. MONTH M. OF INJURY REET FACTORY, OFF	DAY YEAR 19 HICE, FARM, ETC.)	216 HOW INJURY OCCU 211 LOCATION STREET 19 19 19 19 ATTENDING PHYSICIAN (22e ADDRESS 6005 Landov	200 AUTOPSY? YES NO	20b. IF YES IN CERTIFY YES	COUNTY ON THE PROPERTY OF THE	STAI

The same of the sa Military and the state of the s THE VALUE OF THE ROOM OF THE PARTY OF THE PA or planting and read to the planting the pla Si he wit (cure tota) acres in sect tide in 152 and in a THE RESIDENCE OF THE PROPERTY OF THE PARTY O Selection of the select Commission Papers Louis Christian, Mergland

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

096003	1.	FOR STATE	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 5 5 5 9 4 CERTIFICATE OF DEATH							
1	1.05	REGISTRAR CEASED NAME FIRST	WIDDLE	IASI	REG. NO.	DAY YEAR 26 HOUR	_			
(2) ° w €		OR PRINT)								
oy b	0.05	Agnes	В	Brooks	December 26, 1	985 12:35a				
2 Page 4	1	emale	Black	5. DATE OF BIRTH MONTH DAY YEAR JUNE 14190	5 80 YRS	MONTHS DAYS HOURS MIN				
20	7a B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COL	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN					
(素())	11/	laryland	11.7.14	WIDOWED DIVORCED			MD.			
	I	iy or to you of death Riverdale	(IF NOT IN SUCH FACTUTY, GT Leland Men	ve street address) no rial	TIPE OF WORK FOR MOST OF WORKING	LIFE) 126 KIND OF BUSINESS OF INDUSTRY)K			
YLAND 21:	139	AL RESIDENCE (IF NURSING HOME STATE 136 CO CON Y/GALL RESIDENCE (THER'S NAME	neebrog Seat		806 Cedar His	one seathleason	743			
AAR DE TO	17	ames	AIDDLE B.	DOKS SUBJE	WIDDLE	11106/21				
SE, A		VAS DECEASED EVER IN U.S.	ARMED FORCES? 166. SOCIA	AL SECURITY NO. 17 INFORMANT	ADDRESS	2050	-			
WO × × × × × × × × × × × × × × × × × × ×	- 0	YES NO OR UNKNOWN) (TE YES.	GIVE WAR OR DATES	14-7608 Mas Mas	ion Davis Sp	cinc Field Va 23	115			
RDS, 201 W. PRESTON ST., equires that the death certific is signed by the attending phy. Then places remove carbon porto burial, cremation, or remoinjury, or other troumotic even	NOI	Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse last.	DUE TO, OR AS A COM	ARACHNOIDAL	ARREST. HZMORKHAGE TERMINAL DISEASE OR CONDITION C					
IL RECORDS The law requipment of the permit. There ene prior to the bows ony injury	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	which operation was performed		YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO NO	5			
DF VITAL TIAN: The physicion ritificate his sitronsit ptal Hygien m 18 syd.	E E	210. ACCIDENT WAS UNDERLYING		TH DAY YEAR 216 HOW INJURY OF	COURRED (ENTER NATURE OF INJURY IN ITEM)	8 PART I OR PART 2)	_			
ICIA ICIA g pl g pl incl-triniol-triniol-triniol	1 8	OR CONTRIBUTING CAUSE OF	DEATH	19						
NG PHYSICIAN: The oftending physician that the certificate has deminded by some one and mental Hygist parked or them 18 stron	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,		CITY OR TOWN	COUNTY STATE				
- OO A SO E			spital) attended the deceased		75, 10 Dec. 25	, 19 35 , that (I) (we) la	ost			
ATTEN ospitol ECTOR: od for us nt. of He		sow the deceased alive obove, (I) (we) (did) (did	not) view the body after death	19, and that in (my) (our) op	inion death occurred on the date and h	our and fram the causes stated				
X L X 5 0 5		22b. SIGNATURE		DEGREE		22c. DATE SIGNED				
74 74 9 7 9		Elk Gon	m.8		NG MEDICAL STAFF	12/26/85				
- 0 11 11 2		22d. PHYSICIAN'S NAME (TYP		22e ADDRESS		20737				
TO HOSPITAL TO FUNERAL should be de with the State IMPORTANT		Year Yoon,	M.D.	5506 Keni	lworth Ave., #105	, Riverdale, Md	1.			
Z o E ≥ 3 ₹	23a.	BURIAL, CREMATION, REMOV	AL 23h DATE	234. NAME OF CEMETERY OR CREMATO		. COUNTY STATE				
BP		Burial	(V	Washington Nat	Scut and	Wd.	oud.			
DHMH - 16 60M 7/84	24 F	JNERAL DIRECTOR	,3.11.N	MOESUTY CK 3 F	DATE JEA NEY E STANDER REG	STRAB'S OGOURE	Dr. Co			
(VRA 15, 4)	4	ewis FUNS	eral Home	alex Va22314	Carlothol - Nach					



						E OF MARYLAND		
	10000	1-	FOR STATE			EALTH AND MENTAL		3 2 3 3
	316132		REGISTRAR			R'S CERTIFICATE	OF DEATH REG. N	8. 2 0 7 4
/			CEASED NAME FIRST	()	MIDDLE	2) LAST	20 DATE KNOWN	MONTH DAY YEAR 26 HOUR
W	公司は成正		Vam	es tr	antoin v	Proofes	OF ESTI-	12-6 19 85
/-	为民主召集	3. SE	4 RACE	S. DATE OF BIRTH		S IF UNDER 1 YR. IF UNDE	R 24 HRS 2c. DATE	MONTH DAY YEAR 2d HOU
	Sugar	14	all Stack	, DAI	1914 71 YRS	Morano Daris Hours	MIN. PRONOUNCED DEAD	5 / 8500
	A SEPTEMBER A	Vo B	RTHPLACE (STATE OR	76 CITIZEN OF W				OR COUNTY OF DEATH
	STATE TO	FC	Ala.	U.S		MARRIED NEVER MAR	RIED L	
	Z THE Y	W.C	TY OR TOWN OF DEATH			WIDOWED DIVOR	P = = 11.00 00	
	S PER A PER	No.	Cheverly	ANOT IN SUCH F	CILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	FOR MOST OF WORKING LIFE)	ORTHONSTRH
	30° #8 1	1.0		Pilla	1200000	were I los la	4etWarehou	iseman Food
	C PEEDS S	3a S	AL RESIDENCE (IF IN NURSING HO TATE 136. CC	OUNTY YTANG	13c. CITY OR TOWN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	99999
	15 多名的古典		D.C.	N/A/	Washington	YES X NO	302 Divisio	on Ave. N.E.
	D Takes	14. F	ATHER'S NAME	MIDDLE		IS. MOTHER'S MAIL	DEN NAME	
	ES ES ES	I	Robert	MIDDLE	Brooks	Frank	MIDDLE	Turpin
	OW CASE	16a. V	VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECURITY		ADDRESS	
•	SOCIAL PARTIES		ES, NO, OR UNKNOWN) (IF YES, (GIVE WAR OR DATES)	578-34-098	36 Sarah B	rooks-wife-Sa	ma as # 12
	W S S S S S S S S S S S S S S S S S S S		18. CAUSE OF DEATH (Enter	r only one couse pealing		o Ibaran b	rooks-wile-se	APPROXIMATE INTERVAL
			PART I DEATH WAS CAL	JSED BY:	Mertensu	a. Carela	Trascular a	BETWEEN ONSET AND DEATH
	SEE SEE		IMME	DIATE CAUSE (DUE TO, O	AS A CONSEQUENCE OF	-012	o · cere · o	
	PRESTON ST THIN 24 HOI CIL IN ITEM I VER ALONG ANSIT PERMI AL HYGIENE, REMOVAL.		Conditions, if any, wh	1 /1) A CONSEQUENCE OF			
	TW. PRES ED WITHIN PENCIL IN AMINER . L-TRANSI AENTAL H.		gave rise to immedi couse (a) stating the und	iote (b)				
	201 W. PI UTED WITI IN PENCI EXAMINE EXAMINE EXAMINE EXAMINE TAL - TRAI O MENTAL ON, OR RI	-	lying couse lost.	DUE TO, OR	R AS A CONSEQUENCE OF			
	XECUTE XG" IN XG" IN XG XG XG XG XG XG XG XG XG XG XG XG XG			(c)				
	田 田とりノナラ	7	PART 2 D THER SIGNIFICANT CONDITI	DNS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINA	AL DISEASE OR CONDITION GIVEN IN F	ART I (g)	
	RECORI ID BE D PENDIN MEDICA D AS A LEALTH, CREW	CERTIFICATION						
	SHOULD ORD "PE CHIEF A E USED A T OF HE	3	190. DATE OF OPERATION	196 CONDI	TION FOR WHICH OPERA	TION WAS PERFORMED?		20 AUTOPSY?
	SHOUL CORD CHIEF C	E						YES NO P
	SAN THE		210 EXTERNAL CAUSE WAS		FINJURY A. MONTH DAY YEAR	21c. HOW INJURY OCCURE	ED LENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
	S CERTIFIC RITING TH RDED TO SE 3 SHOU E DEPART	MEDICAL	CONTRIBUTING CAUSE					
	VISI 3 ST PR	ED	21d INJURY OCCURRED		OF INJURY (AT HOME,	211 LOCATION		
	ニンとのドッ	Σ	AT WORK AT WORK	SIREE!, FAC	TORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
	E TH				/			
	ANGRAN		22a. I certify that I took ch			Autopsy, Inspecta	on [], Inquiry [], or	nd in my opinion
	STIF SEC RYL		death resulted from: N	otural causes	Accident . Suici	de 🔲, Homicide 🔲	Undetermined monner,	
	X B B B W		ACTUAL TO	mento 4	Hoda me	TITLE (SPECIFY)		DATE 12-6-85
	SHR FER	,	SIGNATURE (James 1.	rowigh	_м.р Deput	Y MEDICAL EXAMINER	SIGNED / CO
	W S C S C S C S C S C S C S C S C S C S		EXAMINER'S NAME		1/0			
	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, V PAGE 4 SHOULD BE FORW. TO FUNEAL DIRECTOR, PAFTER DEATH, WITH THE STABATTIMORE, MARYLAND, 21			ugusto P Ro	odriguez, M.I			emple Hills, Md
Cri	EMOLE CO	236 BI	PRIAD CREMATION, REMOVA	/ /		TERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
(A)	94/BP/9		NIEDAL DIDECTOR	12/10/85	FI. CIMC	OLN CEM.	BLADENSBURG	
1	CHMA - 17		NERAL DIRECTOR	ADDRESS	2		REC'D. BY REGISTRAR 256 REG	STRAR'S SIGNATOR INCES
	(VR A15 ME (5))	4.	S. WASHINGTEN &	+20N2 4852	BURROUGHS A	VE, N.E.	EC 10 1985 (120)	4.5

THE STATE OF THE S

Land Carlotte Committee

o'augros acelti

The consequence of the service of th

E.M. and role; religion of the second of the

TANKE TANKE TANKE TANKE

5780-914-0976 --- --- --- 3780-12-878

Life and the state of the state

					1000		OF MARY						
050000	1 - STA	TF				MENT OF H			7.	AC 3	4 100		-,
358030	REC	SISTRAR		MEI	DICAL	EXAMINE	R'S CERT	IFICATE	OF DEX	TH REG	. No	0 7	3
	1. DECEA	SED NAM	E FIRST		WIDDLE		LAST		20	DATE KNOWN	MONTH	DAY YEAR	26 HOUR
35 a 40 20 F	(TIPE OR	PRINTS		HRISTINE			BROW	IN	3	OF ESTI-	D12-7	7-85 19	
A O H SH	1.56×		4. RACE	5. DATE OF BIRTH		6. AGE (IN YEAR	IF UNDER 1	YR. IF UNDE		C. DATE	MÖNTH	DAY YEAR	2d HOUR
2) THE EST	for	nale	black	1-3- 43	YEAR	LAST BIRTHDAY	MONTHS D	AYS HOURS	MIN. P	RONOUNCED	12-	7-85 19	10:58
> 39070 /	1	PLACE II		7b. CITIZEN OF WI	AT COUL	. 142				BALTIMORE CIT			FO.0W.
ASSET /		H COUNTRY		78. CITIZEIN OF WI	IAI COUN		_	NEVER MAR	RIED	BALTIMORE CIT	- OK COOL	WIT OF DEATH	
A 35.5 3.7 1	Sou	ath C	arolina	USA			WIDOWED L			Prince	George	s County	MD.
京本な品を				11. NAME OF HOS					FOR MC	AL OCCUPATION OST OF WORKING LIFE)	(TYPE OF WORK	OR INDUST	RY
2027	and the second second	hever	and the same of th	and the second second		ge s Co		Itai	Hous	ekeeper		Own-Home	9
S OF A S	USUAL R	ESIDENCE	III HOME O	OR OTHER INSTITUTION, GIV	E RESIDENCE	OR TOWN	1134 11	NSIDE CITY LIMITS?				0900	101
A AND DE	Mani	hingt	100		130 0111	OK TOTAL		NO [Stantor	RA !	2 16 66	/
9 = 0 MAR		ER'S NAM					15. M	OTHER'S MAI	DEN NAME			de Ale	
T CANADA	1 0	1857		MIDDLE		LAST				MIDDLE		LAST	
8 88 8 4 6 44		DECEASE	D EVER IN U.S. AR	MED FORCES?	16b. SOC	eppard TAL SECURITY	10. 17. IN	Thelma		ADDR	RESS	Perkin	3
F F 5 5 5	(YES, N	O, OR UNKN	OWN) (IF YES, GIVE	WAR OR DATES)					0 -			/	,
A SPERS	No					-56-003	/ Por	y Brow	n 3189	Stanton	Rd.)
A WAY	118.	PARTID	DF DEATH (Enter an EATH WAS CAUSE	ly ane cause per line								APPROXIMAT BETWEEN ONSE	
Z TEXTER				TE CAUSE (a)		ple sta		S					
No.				DUE TO, OR	AS A CON	NSEQUENCE OF							
E 61984			ins, if any, which	(b)			8 74 1				900		
3 23 20) stating the under-	DUE TO, OR	AS A CON	ISEQUENCE OF	9.00	771 21	10 3				8681
M BANKON		lying co	ose idst.	(c)									
AAREN B	PA	RT 2 OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	OUT NOT RELA	ATEO TO THE TERMIN	AL DISEASE OR CO	NOITION GIVEN IN	PART 1 to L				
S SEE	8												
# 38 X X X Y - 1	IPICATION	DATEO	FOPERATION	1% CONDIT	ION FOR	WHICH OPERA	ION WAS PE	RFORMED?				20 AUTOPSY	?
A SASSAS	1 2											YES X	NO 🗆
N S S S S S S S S S S S S S S S S S S S	₹ 21e	EXTERN	AL CAUSE WAS	21b. TIME OF	INJURY		21c. HOW IN	JURY OCCUR	RED (ENTERNA	ATURE OF INJURY IN ITE	M 18 PART 1 OR I		110 []
S SHEET	I I I I I I I I I I I I I I I I I I I	DERLYIN	G X OR	7:35PM	WOLLDH	-7-185 EAR	subje	ct stal	bbed				
3 F25548	S 71	INTURY	OCCURRED	71e PLACE C			21f LOCATIO						
2 9 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	W W	HILE	NOT WHILE AT WORK	STREET, FACT	ORY, FARM, E			D'Arcy	Dd	CITY OR TOPIN	ctvil9	Per Mary	lanthie
MAR WAR	Al	WORK	AT WORK	hous	<u>e</u>	/			Nu.	1016	30411	ic, ilaij	
A S S S S S S S S S S S S S S S S S S S		22e I cert	ify that I taak charg	e af the remains de	Tribed abo	eve, help on	Autapsy X	, Inspect	ian .	Inquiry .	and in my	pinian	
A CHEST	1 1	leath resul	ted fram: Natur	al causes	Accident	Suic Suic	de ,	Hamicide XX	Undeter	mined manner			
ANIME CERT				14	1	/		TLE (SPECIFY)					
##0#E	AC SK	TUAL GNATURE		VV	7	/	M.D.	Assist	antwent	AL EXAMINER	DATE	12-8-85	
2 中华	V			1	V C	6 M				Street	3101		
AMEDICAL LECUTE THE CGE 4 SHOUL O FUNERAL LIMORE, M	EX (TY	AMINER'S	INT) GY	regory R.	Kauti	rman, M	ADDRI		1 Cilli	501000			
- 155 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	23n BUR1/	AL. CREMA	ATION, REMOVAL 2	36 DATE	23c. h	NAME OF CEMI			23d. LOC	ATION			
494499	(SPECI	FY)		12/13/85						RIOWN	DC CO		TATE
1 500 1015	24 FUNE	RAL DIRE	CTOR	12/13/05		armony	<u> Дешете</u>	25e. DAT	E REC'D. BY R	REGISTRAR 256 R	EGISTRAR'S	Mary a	110
DHMH - 17 (VR A15 ME (5))	NA.		V6.55 11 15	ADDRESS				UEC	M'Q a		Nevilso	Bendett	м
(VK A13 ME (3))	hobe	rt G.	Mason F	H. 1661 (book	Hone Pd	SP	DL(1.1 O E	7			

(c) A - I would steen

Found Compliant AND

. S.V. .bil agence of the constant

s september of the state of the

Manager to Language V. M. 1566 1 Good More and . 15. B.

Mary Bridge Street Bridge

354073	1.	FOR STATE REGISTRAR			DEPAR		ICATE OF D	MENTAL HYG DEATH	IENE &	REG. NO.	5	0	9 4
1 75		CEASED NAME ORPRINT)	Elbe		MIDDLE IcLain	E	rown	,	2a. DATE OF D	EATH MONTH	13	85	3.30 P M
Page 4 mo	3 SE	Male		Nhite		Apri.		1904	6 AGE (IN YEAR	YR	MONTHS	DAYS	IF UNLER 24 HRS HOURS JAIN.
deoth. Pour merol dir	Ма	RTHPLACE (STATE OR F COUNTRY) rvland		II.S		MARRIE		VORCED [GEORGE			MD.
by the fi	CHE	VERLY		RINCES	HOSPITAL, NURS	E GENER			120 USUAL OC (TYPE OF WORK FO Retire	CUPATION OR MOST OF WORKIN d Plumbe	GLIFE) IND	KIND OF CUSTRY Plum!	BUSINESS OR
MAKTAND 2.1 Pers	13a. S Ma	AL RESIDENCE (# NURS STATE ryland	13b COUN		13c. CITY OR TO	NWC	13d. INSIDE C	NO 🗌	13e. STREET AD	DRESS	00 2	0722	
No see al	R	euben	Ed	AIDDLE	Brown		Mary	S MAIDEN NA		middle inda	S.	till:	ings
& Releasement Services and several services and several services and several services and services are services and services are services and servic	No	VAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES? WAR OR DATES)	166 SOCIAL SE 220-28-		Kather:		Brown (Wife) Sa			
201 W. PRESTON ST., 2T Notified res that the death certific ned by the ottending ph splease remove carban pe viriel, cremotion, arrema y, or other traumotic even	NO	Conditions, if ony, gave rise to imm cause (o), stotin underlying cause	, which mediate ag the last	DUE TO, O (b) DUE TO, O (c)	R AS A CONSEG	DUENCE OF	NOT RELATED	eyocoe	deal o	upol Uparela DR CONDITION	- 1		MAPE INTERVAL
Examine The low required in the low required is permit. The low required is permit. The low set prior to be the prior to be t	CERTIFICATION	19a DATE OF OPERA			ITION FOR WHI	CH OPERATIO			_	IN CE	YES 🗌	CAUSES	GS USED OF DEATH? NO
Medical Medical NG PHYSICIAN: TI Otherding physici of the territorie os the buriol-transi th and Avental Hygi orked or fem 1899	MEDICAL CE	210. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDI 21d. INJURY OCCUR!	CAUSE OF DEAT	P. 21e. PLACE	M. MONTH M. OF INJURY	19	211 LOCATIO			RE OF INJURY IN ITEM		R PART 2)	STATE
OR ATTENDIO or hospitol or DIRECTOR: A cohed for use Dept. of Heal If Hem 21 is m	W	278. I certify that (I) sow the deceose above, (I) (we) (c	(this haspit	al) attended th	85 10	_ Nov	nd that in (my)	ATTENDING	death occurred o	on the date and	19 haur and f	rom the c	hat (I) (we) lost ouses stated
TO HOSPITAL retoined by the TO FUNERAL should be det with the Stote limportant.	230 5	22d. PHYSICIAN'S NA	oma.	-	ernande		224 ADDRES	P	GGH 2			Dec.	1341963
BP		Cremation, SPECIFY) Cremation, SPECIFY)		Dec.14				Cremato	ry Alexa	TOWN	N/A		Maryland
DHMH - 16 50M 4/B2 (VRA 15, 4)	Fr	ancis Gaso							EC 18				nandalas

weither the total total total with the Walter contribt contlot Tro. 15, 1930 Christian arrange 790, 1.00

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

FOR STATE

STATE OF MARYLAND

PARTMENT OF HEALTH AND MENTAL HYGIENE	6
CERTIFICATE OF DEATH	1

,	0	3	C	7	4 40
EG. NO.					17

		REGISTRAR				CERTIF	CATE OF L	PEATH	1	REG. N	NO.		
0		CEASED NAME E OR PRINT)	JAMES		FRANCIS		SUCKLER	12.0	20 DATE OF Decem	DEATH	MONTH	1985	26 HOUR 6:30 а _м т
	3 SE	x MALE		4 RACE WHITE		5. DATE C		ĭ̂\$19	6. AGE (IN YE	ARS LAST B	IRTHDAY)	MONIHS DATS	IF UNDER 24 HRS
25	M	IRTHPLACE (STATE OF COUNTRY) ARYLAND ITY OR TOWN OF D	EATH	U.S.	HOSPITAL, NURSIN	WIDOWE G HOME C	R OTHER INST	VORCED [Princ	ce Ge	or coun corge	S County	y, MD.
3		Lanham		OTHER INSTITUTION	CLOTS HOS		L of PG		LAND	ER_		SELF	01.01
35	M	D. ATHER'S NAME	CHAI		WALDOR		13d INSIDE C	NOX	3010	GA]	LER	Y PLACE	1000
20		THOMAS	301	WIDDLE	BUCKLER		ES	S MAIDEN NA/ FIRST STE	WE	MIDDLE		WILLIA	
2	16a V	NO OR UNKNOWN		MED FORCES? WAR OR DATES)	214-18-		EVEL:	WIFE.	ILLE	BUCI		,SAME A	S 13
		PART I. DEATH	WAS CAUSE	ly ane cause per D BY: E CAUSE (a)	Caudia		mes	-	. 20	>		APPROXI BETWEEN C	MATE INTERVAL ONSET AND DEATH
		Canditions, if ar gave rise to it cause (a), sta underlying cau	nmediate ting the	1 (6)	RASACONSEQUE PARACONSEQUE PARACONSEQUE	las	. 1 .	y thui,	1			cha B	recho types
	ATION	PART 2. OTHER SIGNATURE OF OPER	20 pholes	hito.	CAY CALC	120	nel	Jalan				GIVEN IN PART TO	
1	CERTIFICATION					OT EXAMINE			YES 🗌	NO	IN CER	RTIFYING CAUSES YES []	
9	MEDICAL CE	21g. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER NOTIFY ME 21d. INJURY OCCU	CAUSE OF DEA		M. MONTH DA M.	Y YEAR	216 HOW IN	6111	RED (ENTERNAT	URE OF INJ	URY IN ITEM	18 PART LOR PART 2)	
	ME		WHILE T		REET, FACTORY OFFICE, FA	RM, ETC)	STREET			CITY OR T	OWN	COUNTY	STATE
		ntrove. X (we)	myd affer on	1121.				(aur) apinian d	death accurred	d an the c	date and h	haur and fram the	that (I) (we) last causes stated
		27h SIGNATON	Val	11	M	ľ	1	ATTENDING PHYSICIAN	MEDICAL RECTOR [STA		12 DATE	SIGNED /
1		PO L	LAD	,	Truen		22e ADDRES	1700	AUTH	P	LACE	, conf	SPRING
		BURIAL, CREMATION	, REMOVAL	236 DATE		AME OF C	METERY OR	CREMATORY	23d LOCA	TION		OHADI ES	MATE

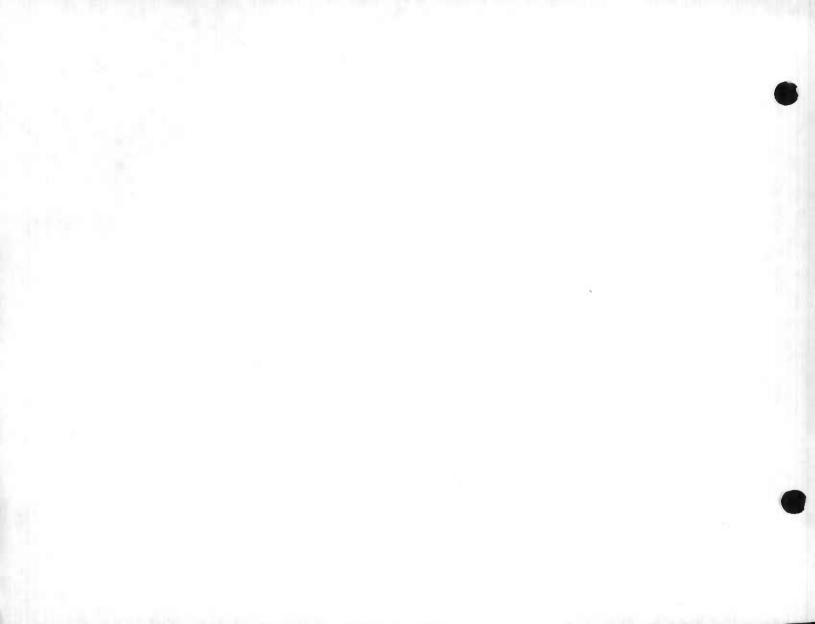
DHMH - 16 60M 7/84

(VRA 15, 4)

BURTAL 14 FUNERAL DIRECTOR WALDORF, MD. 20601

el pa ente, carema altitu a prince 2228-82-122 A STATE OF THE STA The second secon THE ARCHIT STREET, AND THE STR

CERTIFICATE # 1985-35396



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

S REG. NO.	3	Č	Ü	9	e de
TE OF DEATH MONTH	DAY	YEA	R 2	L HOUR	

					CATE OF DEATH	REG. N	10.		,
	CEASED NAME FIRST		MIDDLE	LA	ST	2a DATE OF DEATH	MONTH	DAY YEAR	26. HOUR
	AUDREY		I	BU	TLKA	DECEMBER.	4	1985	2:35
3. SEX	X	4. RACE		5. DATE O	F BIRTH DAY YEAR	6. AGE (IN YEARS LAST BI	RTHDAY)	MONTHS DAYS	HOURS N
	emale	Cauc.		5	6 24	61	YRS.		
0	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	MARRIED WIDOWEL	NEVER MARRIED DIVORCED	Prince Geo	_	Y OF DEATH	
10. CI	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME O	ROTHER INSTITUTION Medical Center	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST. THOUSEWI	ION OF WORKING LI	126. KIND O	F BUSINESS
Mar		George				13. STREET ADDRESS 11304 Old	/ ZIP COD	Rd. 20	744
14 FA	ATHER'S NAME Ralph	MIDDLE	Burns		15. MOTHER'S MAIDEN NAM Jessie	WIDDLE		Wissin	ger
(Y	VAS DECEASED EVER IN U.S. AF YES NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	166 SOCIAL SECUI		17 INFORMANT Peter Bulka	same as it			
/	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per	CARDIOPUE	MONAR	Y ARREST			BETWEEN	MATE INTERVA
100	underlying couse lost	(6)_	r as a conseque	NCE OF					
FICATION	PART 2 OTHER SIGNIFICANT ((c)CONDITIONS_CC	ONTRIBUTING TO D	DEATH BUT N	NOT RELATED TO THE TERMI	20a AUTOPSY?	20b. IF YE	VEN IN PART 110 S, WERE FINDIN FYING CAUSES	IGS USED
ERTIFICATION	PART 2 OTHER SIGNIFICANT ((c)	DNTRIBUTING TO D	DEATH BUT N	WAS PERFORMED	20a AUTOPSY? YES X NO	20b. IF YE IN CERTII	S, WERE FINDIN FYING CAUSES ES	IGS USED
CAL CERTIFICATION	PART 2 OTHER SIGNIFICANT	19b. COND 19b. TIME O HOUR A.	DNTRIBUTING TO D ITION FOR WHICH I F INJURY M. MONTH DA	DEATH BUT N		20a AUTOPSY? YES X NO	20b. IF YE IN CERTII	S, WERE FINDIN FYING CAUSES ES	IGS USED OF DEATH?
MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT OF THE PART 2 OTHER SIGNIFICANT OF THE PART OF THE PA	19b. COND 19b. COND 19b. TIME O HOUR A. R) P. 21e. PLACE	DNTRIBUTING TO D ITION FOR WHICH (FINJURY M. MONTH DA M.	OPERATION AY YEAR 19	WAS PERFORMED	20a AUTOPSY? YES X NO	20b. IF YE IN CERTII YE	S, WERE FINDIN FYING CAUSES ES	IGS USED OF DEATH? NO
	PART 2 OTHER SIGNIFICANT OF THE PROPERTY OF TH	19b. CONDITIONS CONDIT	ITION FOR WHICH ITION FOR WHICH ITION FOR WHICH ITION FOR WHICH ITION ITION ITION ITION ITION ITINION ITION ITION ITINION ITION ITION ITION ITION ITION ITION ITION ITINION ITION ITION ITION ITION ITINION ITION ITION ITI	OPERATION AY YEAR 19 ARM. EIC.)	21c HOW INJURY OCCURR	200 AUTOPSY? YES X NO CENTER NATURE OF INJU	20b. IF YE IN CERTII YE JRY IN ITEM TB	S, WERE FINDINFYING CAUSES ES PART I OR PART 2) COUNTY	NGS USED OF DEATH: NO STAT
	PART 2 OTHER SIGNIFICANT (190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE AT WORK AT WORK 20.1 certify that (this hosp sow the deceased alive on obove, (1) (we) (did) (did not 2) b SIGNATURE	19b. CONDITIONS CONDIT	ITION FOR WHICH ITION FOR WHICH ITION FOR WHICH ITION FOR WHICH ITION ITION ITION ITION ITION ITINION ITION ITION ITINION ITION ITION ITION ITION ITION ITION ITION ITINION ITION ITION ITION ITION ITINION ITION ITION ITI	OPERATION AY YEAR 19 ARM. EIC)	21t LOCATION STREET A that in () (our) opinion d EGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO CITY OR TO CITY OR TO MEDICAL STA DIRECTOR PHYSIC	20b. IF YE IN CERTII YE IN CERTII YE IN ITEM 18 IN ITEM	S, WERE FINDING CAUSES ES PART I OR PART 2) COUNTY 19 \$5 , Ut and from the 22c. DATE	NGS USED OF DEATH: NO STAT
	PART 2 OTHER SIGNIFICANT OF THE	19b. CONDITIONS CONDIT	ITION FOR WHICH ITION FOR WHICH ITION FOR WHICH ITION FOR WHICH ITION ITINI ITION ITION ITION ITION ITION ITINI ITION ITINI ITION IT	OPERATION AY YEAR 19 ARM. EIC)	21t LOCATION STREET 21t LOCAT	200 AUTOPSY? YES NO CITY OR TO CITY OR TO MEDICAL STA DIRECTOR PHYSIC	206. IF YE IN CERTII YE IN CERTII YE IN ITEM TO ITEM T	S, WERE FINDINFYING CAUSES ES PART I OR PART 2) COUNTY 19 55 , ur ond tram the 22t. DATE 4 December 20 CTR	STAT

DHMH - 16 60M (VRA 15, 4)

0.00 %

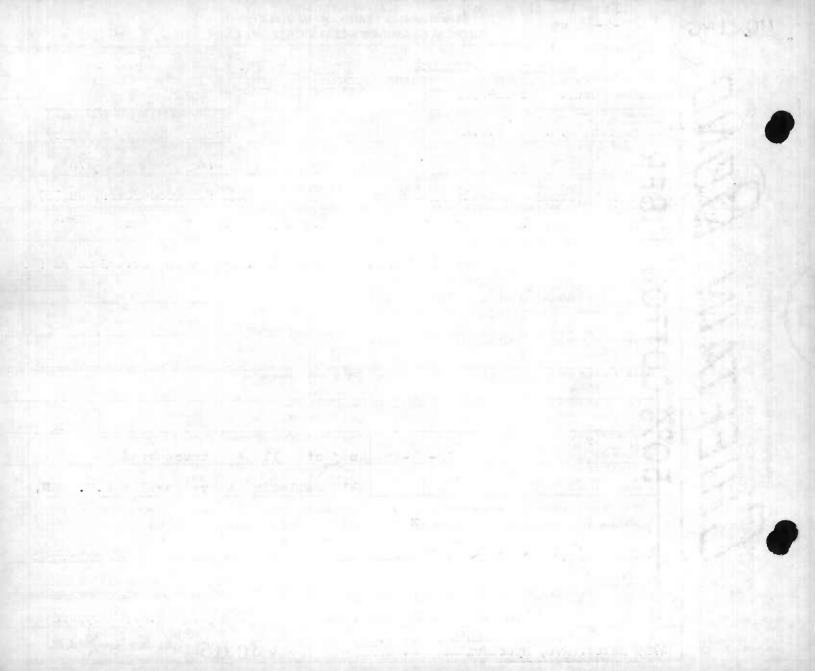
X					
	61	10 9	7	.000	9:000
	mince George			USA	.ercne
3 70 +	er our wire	deical Dest	loom foot	מ בספר בספר	norews i
dires .51	+113C 17: To	7	motanlinu	r. Caorte	Du Tha
ra nimei		rio 9,	M. C. S.		.fole
	in mati na sure	oter wites	(-)		on
		50.4			

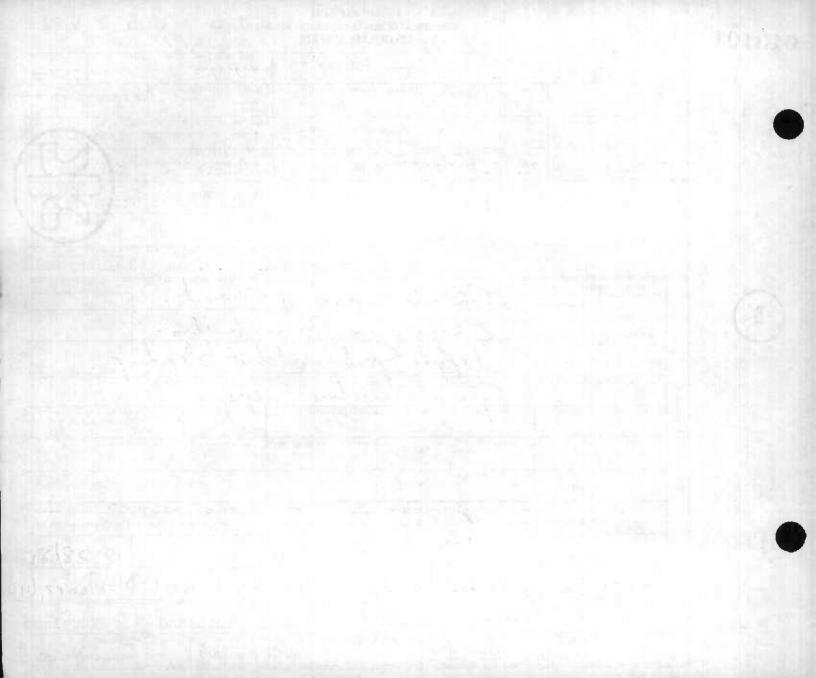
1

unial 12/6/H5 M. Determ Jenetery Chelterh m

.5

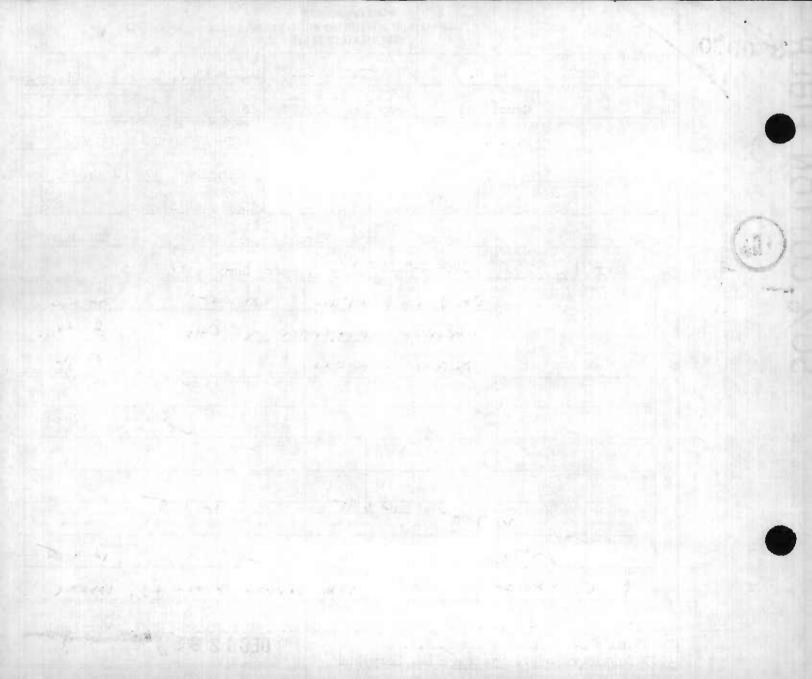
		1	It	em loa :	thru		EDADT			ARYLAN		VOIEL							
	002186	1-	OIMIL	-86 cn				MENT OF				(3)	1		3 1	3	. 4	1	Q.
		1.00	REGISTRAR	r FIRST		MEL		EXAMIN	FK.2 C	ERTIFIC	AIEO	F DEA		REG.		,			4
	K		CEASED NAM	E FIRST		300	MIDDLE			LAST			20. DATE OF	KNOWN ESTI-	X MOI	NTH D	AY YE	EAR	2b. HOUR
	S 8 8 8 8 8			MICHA			ATRI			URROUG	HS,	JR.		MATED	12	2 2	4 19	85	M
	ACT TO	3. SE)		4 RACE	5. DATE	OF BIRTH	YEAR	6 AGE (IN YE.		DER I YR. I	HOURS		2c. DATE		MON	ITH D	AY Y		2d HOUR
1	ON DER	Ma	ale	Cauc.	3-1	2-198	3	2 YF		DATS	HOURS	MIN.	DEAD		11	2.	4 19	85	11;22 A _M
	\$ 3 × 4 5 1 1 ~		RTHPLACE (S	TATE OR	7b. CITIZ	EN OF WH	AT COUN	ITRY?	8. MARRI	ED NEVI	ED AA ADDIS	n 🔽	9. BALTIN	ORE CITY	Y OR CO				
	A S S S S S S S S S S S S S S S S S S S			on, D.C.		U.S.A			WIDOW	-	DIVORCE	100	Princ	ce Ge	orge	15 ("ดเมก	tv	AAD
	の当時日本	10. C	ITY OR TOWN	OF DEATH				RSING HOME	, OR OTH	ER INSTITUTI		12a. USU	AL OCCU	PATION (DRK 12b.	KINDO	F BUSI	INESS
	135-14	10	heverly	7	1			reet address)	eral	Hosp		FOR A	N/A	RKING LIFE)			N/A	USTRY	
		Mat/	L RESIDENCE	(IF IN NURSING HOME (OR OTHER INS	TITUTION, GIVE	RESIDENCE	BEFORE ADMISSIN	(MC										
	A STATE OF		aryland	Princ	ce Ge	orge'	s Riv	or town verdale	2	13d. INSIDE CITY	NO [6202	2 Fer	nwood	d Te	rr.,	20	737	
	9 -3 -3		ATHER'S NAME		ríčk	D	rro	ghs, Sı		15. MOTHER Dor'8	R'S MAIDE		N	AIDDLE	Page	222	LAST		
	SAN PSEA	-								100000			une *		Baco	J11			
	WW WAS THE WAS	160 V	VAS DECEASEI ES, NO, OR UNKNO	DEVER IN U.S. AR	MED FOR	CES?	16b. SOC	IAL SECURIT	(NO.	17. INFORMA	ANT			ADDRE	SS				
	MALI SAN SAN VISK	INC	,	+			214-	-04-219	7	Mich	nael I	P. Bu	urrou	ghs,	Sr.	, Sa	me a	is #	13
	T. W. W. D.		18 CAUSE O	F DEATH (Enter on	ly ane cau	se per line f	ar (a), (b)	, and (c).)	Ober 1								APPROXI	MATE IN	TERVAL ND DEATH
	NA ERW	7	99		TE CAUSE	(a)	Clos	ed Hea	d tr	auma									
	AN A	1	000)		JE TO, OR A	S A CON	ISEQUENCE (OF .					55 7				50	
	MANAGE TO SERVICE THE PERSON NAMED TO SERVICE THE PERSON N	-3		ns, if any, which se to immediate		(b)													
	MENT W. OR		cause (a) lying cau	stating the under-	DI	JE TO, OR A	S A CON	ISEQUENCE (OF .										
	S CERTIFICATE SHOULD BE EXECUTED STRING THE WORD "PENDING" IN PRING THE WORD "PENDING" IN FORD TO THE CHIEF MEDICAL EXAMED BE USED AS A BURIAL. E DEPARTMENT OF HEALTH AND ME OF PROR TO BURIAL, CREMATION,	. 0				(c)													
	CAL WAT WAT		PART 2 OTNER SI	GNIFICANT CONDITIONS	CONTRIBUTION	IG TO DEATH BU	IT NOT RELA	TEO TO THE TERM	NAL DISEASE	OR CONDITION (GIVEN IN PAR	T 1 (a).					-		
	RECORDS D BE DEE PENDING N AEDICAL AS A BU EATH AN	CERTIFICATION																	
	AL SED	3	19a. DATE OF	OPERATION	19	b. CONDITI	ON FOR	WHICH OPER	ATION W.	AS PERFORM	AED?					2	0 AUTO	PSY?	
	F 58 F 7 F 7	E															YES (X	NO []
	OF ATE WEN WEN THE MEN			L CAUSE WAS		IN TIME OF I		DAY YEAR	21c HC	W INJURY C	OCCURRED) LENTER N	ATURE OF IN	JURY IN ITEM	18 PART 1 C	OR PART 2)			
	S SHOOTES	MEDICAL	UNDERLYING CONTRIBUTII	OR OG CAUSE OF I		P.M.		24-85	1 40	jedt	fell	and	str	uck l	head				
	VISI 3 ST PRE	ED .	21d. INJURY C	CCURRED		e PLACE OF				ATION						12-1			
	DIVIS DATE, WRITIN FORWARDED OR: PAGE 3.5 HE STATE DEF	2	AT WORK	NOT WHILE C	3	TI .	OWE	(C.)	541		latin	n St	Hyra		ille	P.	3.	MB.	STATE
	P. P			ly that I taak charg	ge of the re	mains descr	ibed aba	ve held an	Autaps	y X.	Inspection	П	Inquiry		and in m				
	M D T C T S \		death results		ral causes		Accident	F-3	cide .	Hamicid			ermined mo	-]	у арина			
	AN SHEET AND THE BEST OF THE B			٨						TITLE (SPE		Ondere	.iiiiiieu iiie	anner					
1	A PODO		ACTUAL SIGNATURE_	M	~	M	8		M.			MEDI	CALEVAN	A IN ICO	DA	TE .	12-2	5-8	5
	DEAN SET			N					141.									0	
	TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE. W PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAC AFTER DEATH, WITH THE STAT BALTIMORE, MARMAND 272	1	EXAMINER'S (TYPE OR PRIN	NAME Ann	M. D.	ixon,	M.D.			ADDRESS	111 F	Penn	St.,	Balt	.0.,	MD	212	01	
	PAGE CANAL	23a. Bl	JRIAL, CREMAT	TION, REMOVAL 2			23c N	IAME OF CEA			RY	23d. LO	CATION						
0	7/84 BP 66	Bi	iria1		12-28	-85	Geo	orge Wa	shin			Ade	elphi	, P.	.G.,	Mar	y1ar	id	
2	25M DHMH - 17	24. FL	JNERAL DIREC	TOR Fran	cis (laseb!	s So	ns, P.	Α.	25	o. DATE RI	EC'D. BY	REGISTRA	R 356 RE	GISTRAR	'S SIGN	ATURE		
	(VR A15 ME (5))	4	739 Bal	Lto. Ave,	Hyan	tsvil	lle,	Md. 20	781	1	DEC:	301	985	gwia	Durd	dar-l	ande	.30	4
		-												-				and the same of th	



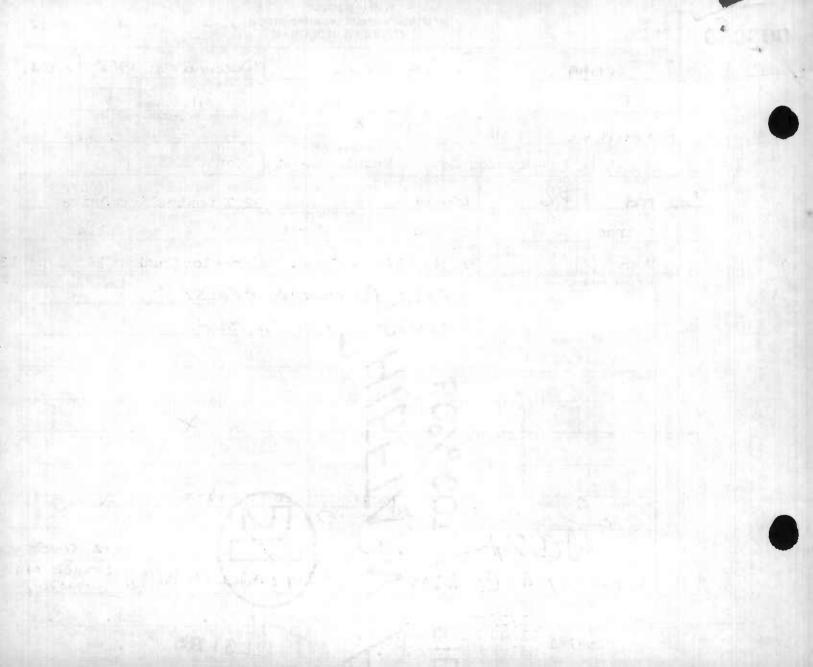


364037	1.	FOR STATE	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENES 5	5 5 4 0 0
COECOE		REGISTRAR CEASED NAME FIRST OR PRINT)	MIDDLE	CERTIFICATE OF DEATH	REG. NO.	
moy be	3 SE	H6NG	1 RACE	S. DATE OF BIRTH MONTH DAY YEAR.	6 AGE (IN YEARS LAST BIRTHDAY	# UNDER I YEAR # UNDER 24 HRS
Poge 4	7a BI	EMAIR RTHPLACE (STATE OR FOREIGN	BIACK TO CITIZEN OF WHAT COUN	4 2721	BALTIMORE CITY OF CO	YRS.
at the state of th	10 C	VASH, DC	WITED STAT	RSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	SEORGE AS KING LIFE) INDUSTRY
186	Lisu.	LINTON AL RESIDENCE IN NURSING HOME OR	Southern OTHER DIN GIVE RESIDENCE	PA HOSPIFA DEFORE ADMISSION)	HOUSE WIF	0 6
(1)	1	ATHER'S NAME	LES LESSU	E NO YES NO X		Eggue, Md.
	166	AMES WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL	SCOE AGNES COR	ENA PROCTER-	BRISCOE
ion and		YES, NO ORUNKNOWN) (IF YES, GIM	6 WAR OR DATES) 217-4	44507 JOAN-MARY	tin-WAldORF	Md. 20601 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
certificate ling physici irbon paper or removal.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSED IMMEDIAT	E CAUSE (a) CARE	10PULMONARY 1	ARREST AN) BETWEEN ONSET AND DEATH
ne death		Conditions, if ony, which gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONS	PERTENSIVE H	tendi- Dist	56
es that the set had the please re urial, creation of the set set set set set set set set set se		underlying couse lost.	DUE TO, OR AS A CONS	TO DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITIO	ON GIVEN IN PART 11g
been sign mit. Then prior to by ony injury	ATION	19a DATE OF OPERATION		HICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b	IF YES, WERE FINDINGS USED
The lo	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		YES NO NO INJURY IN I	CERTIFYING CAUSES OF DEATH? YES NO NO NO NOTE OF THE PART LOR PART 2]
PHYSICIAN: ending physic this certificat the burial-fron id Mental Hyg d or frem 18 s	MEDICAL	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d, INJURY OCCURRED	P.M.	19 2H. LOCATION		
Thorse the orker	WE	WHILE NOT WHILE 220.1 certify that (I) (this hospit	(AT HOME STREET, FACTORY, OF	1,1	CITY OR TOWN	COUNTY STATE
R ATTENDI hospital or IRECTOR, A hed for use ept. of Heal		saw the deceased alive on	12111	Pr-	n death occurred on the date a	nd haur and from the causes stated
the or the Court of the Court o		ACCURACE)	Caro	ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	
O HOSPITAL of Front of the Control o	-	IN RAMAI	KRISHNA	15 505,0		.CTR. WALDERF
BP	236	Bural	12/22/83	Holy Short Cy	LES ISSI	IE CHARLES, MY
DHMH - 16 50M 4/83 (VRA 15, 4)	2	forewall,	Sewant 3	illium Jag	EC 26 1985	CHULL HELY GEON - HONDERS

•				STATE OF MARYLAND		
	1	STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENEO O O	, , ,
350070	K	CEASED NAME FIRST	WIDDLE	LAST	REG. NO. 2a. DATE OF DEATH MONTH DA	YEAR 126 HOUR
e n € 191		ORAL	GEORGE	BYRER , SR.		Zb HOUR
6	2.00		14 RACE		DECEMBER 7, 1985	FUNDER I YEAR IF UNDER 24 HRS
E 2.2	3. SI		The state of the s	5. DATE OF BIRTH MONTH DAY YEAR	WC WC	ONTHS DATS HOURS MIN.
oge oge		le .	Caucasian	May 14, 1900	85 YRS.	
7 2 hod 2 hod		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED		
The Parent		diana	U.S.A.	WIDOWED DIVORCED		
in 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10.0	ITY OR TOWN OF DEATH	(IF NOT IN SLICH FACILITY GIVE STREET	ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
filed y		LANHAM	Doctor's Hos	pital ·	Engineer	Wash. DC Gov'
Je de nou	USU 13a	STATE 136 COL	OR OTHER INSTITUTION GIVE RESIDENCE BEFO		130 STREET ADDRESS / ZIP CODE	
fille 24	Ma	ryland Pri	nce George Seabr		6502 94th Street	20706
7 1	14 F	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN N.		
4 1 1 Pul	Fr	ank	Byrer	Martha	WIDDLE	Dinkens
		WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SEC	URITY NO. 17 NEORMANT (WITE)	ADDRESS	DIN FALLURIA
	Ye	_ Δ 1°m37	cetime 579-24	-2281 Mary E. Bye:	r, Same as Line #1	3
the second of th			anly one cause per line for rai, (b), a		, , , , , , , , , , , , , , , , , , , ,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
phy npa mov			SED BY. ATE CAUSE (0) CBYPOLOY	2558 MADONIA	MYLAST	no my .
ding or re tice		IMMEDI				
ttenk ve cc		Conditions, if any, which	DUE TO, OR AS A CONSEQ		a CHE	2 days
he d emo moth		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQ			1 2 -
by the by the control of the control		underlying cause last		N SCHENCES		30 M
gned an plea		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER.	MINAL DISEASE OR CONDITION GIVE	N IN PART 110
There injury	ON	Special Control of				
D be be	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YES,	WERE FINDINGS USED ING CAUSES OF DEATH?
he k on. hos t per	1				YES NO YES	
AN T hysici ficate transi 1 Hygi		210 ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN ITEM 18 PAR	IT I OR PART 2)
	N S	OR CONTRIBUTING CAUSE OF D	KAIH	19		
HYSI nding his ce buri	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	211. LOCATION	CITY OR TOWN	COUNTY STATE
Offer the state of	2	MMILE NOT WHILE AT WORK	TAT HOME STREET PACTORY OFFICE	, PARM, EIC)		3111
A A A A A A A A A A A A A A A A A A A		22a.1 certify that (1) (this has	pital) attended the deceased from	12-631 ,19		2, that (It (we) last
TTEP Putol For u		saw the deceased alive a	not view the body after death.	, and that in (my) (our) apinior	death accurred on the date and hour	and from the couses stated
OR ATOR		226. SIGNATURE	The state of the s	DEGREE		221. DATE SIGNED
At the left of Till	12	V	22	ATTENDING PHYSICIAN	MEDICAL STAFF	13-7-00
HOSPITAL by the FUNERAL by the Stote by the		226. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS		
0 0 0 0 0		A. C.	BUD	93% UNI	alm sprach M.	Mean
5 4 5 4 ₹ ₹	23a	BURIAL, CREMATION, REMOVA	AL 236 DATE 23c	NAME OF CEMETERY OR CREMATORY		
BP	Bu	(SPECIFY)	12/11/85 F	ort Lincoln Cemete:		Maryland.
	-		Funeral Home	A 25a DA	THE PER AV REGISTER TO BE BEEN	Want down on the
DHMH - 16 60M 7/84 (VRA 15, 4)			ve. Hvattsville		DEC 17 1900 9.	
	7/	AN DUTETINOIS W	ve marraville	TIGITATUM I		



				STATE	OF MARYLAND			100 alt				
03050	1.	FOR STATE REGISTRAR	DEPART		CATE OF DEATH	REG. NO.	5 -	0 2				
10		CEASED NAME FIRST	MIDDLE	LA	ST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR				
page 3	(TVP	SOPHIA	CF	410PO	sucs	December 31	, 1985	645AM				
a po	3. SE	X	4. RACE	5. DATE O		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS				
ge 4		F	C \	MONTH	15 14	71 YR		HOURS MIN.				
a 02		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	B AAA PRIED	NEVER MARRIED	9 BALTIMORE CITY OR COU	TY OF DEATH					
to the		chmond, Va	US	WIDOWE		Prince Geor	ge Coun	t.v MD.				
other of		TY OR TOWN OF DEATH	11, NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET Laure			126. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKIN HOUSEWITE	126. KIND O	OF BUSINESS OR				
	I	AL PESTDENICE HE NURSING HOME OF	9 OTHER INCOMESSION ONE RECIDENCE SECON		Ding nome	nousezze	6/1	11/2				
24 ho	30	STATE 136 COU	NIY 13c. CITY OR TOW	/N	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CO		Ve				
1 13/15	14. F/	THER'S NAME			15 MOTHER'S MAIDEN NA	AME						
pa de la		Petros	Stephano		Maria	MIDDLE	Call	as				
7 8 8 F		VAS DECEASED EVER IN U.S. AF	IVE WAR OR OATES)		17 INFORMANT	ADDRESS						
e e e e		None	578 40	4149	John D. C	aiopoulos (Hu						
ysicio apers and.		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE	inly one couse per fine for (a), (b), or	id ic	A ham die	1111-	BETWEEN	IMATE INTERVAL ONSET AND DEATH				
g ph on p		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (D) CARDIO PUL MONTREY ARREST										
th ce carb	-30	Conditions, if ony, which (b) METASTAIC CAS CINOMA										
dea offe offe offe offe offe offe offe of		Conditions, if ony, which	((b) MES	ASTAI	C CHEC	INOMA						
by the		gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQU									
igned l puriol iburiol ury, ar	7	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT I	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	GIVEN IN PART 10	o				
ow requ	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	ODEDATION	ANAL DEDECTOR	200 AUTOPSY? 20b. IF	YES, WERE FINDIN	ICC UCED				
n. n. n. n	FICA	196 DATE OF OPERATION	198. CONDITION FOR WHICH	OPERATION	WAS PERFORMED	INCE	RTIFYING CAUSES	OF DEATH?				
£ 0 - 0 0	ERTI	71m. ACCIDENT WAS UNDERLYING [7 216. TIME OF INJURY		21, HOW IN HIPV OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	YES [NO 🗌				
ICIAN: The physicion of		OR CONTRIBUTING CAUSE OF DE		AY YEAR	2K HOW WYOKI OCCOR	LEWISK MATORE OF INJURY IN HEW	18 PART TORPART 21					
S e s s e	MEDICAL	LIFEITHER NOTIFY MEDICAL EXAMINE		19	211 LOCATION							
G PHY ord the bury and M	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY	FARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE				
Aff ofth ofth	119	-	oital) attended the deceased from_		21 10 25	10 12-31	19 85	that (1) (we) last				
TEN TOR THE THE			of view the body after death.	35 , on	d that in (my)(our) opinion	death accurred on the date and						
R AT Nasp RECI		22b SIGNATURE	ot view the body ofter death.	D	PEGREE		22c. DATE	SIGNED				
the has a DIRECTOR A DIRECTOR A DIRECTOR A DEPT.		MA	Sand	MI) ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN		31-85				
SPITAL LERAL Store Store	- 13	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		PHYSICIAN 72e ADDRESS	DIRECTOR PHYSICIAN						
O S D T E E		GREGORY	A COMPTON		142011	AURA PL Dr.	321	NEL MA				
Should with IMPO	22-							2010/				
00		BURIAL, CREMATION, REMOVAL			METERY OR CREMATORY	23d. LOCATION	COUNTY	MA STATE				
BP		Burial UNERAL DIRECTOR			of Heaven	S.S. TE REC'D. BY REGISTRAR 256 REC	Mont.	Mondelle				
DHMH - 16 50M 4/83		nes Rinaldi	11800 New Ham			DE C 3 1 1985 0	SISTINGUE AND MODEL	UKE				
(VRA 15, 4)			SILVER Spring	. Ma		BILLIA INVY						



FOR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

		REGISTRAR								REG. NO.								
			FIRST		MIDDLE		AST		2a. DATE OF DE	ниом нта	DAY	YEAR	26 HOU	JR .				
	(TIPE	OR PRINT!	GINI	4 F	Edwina	CA	KE			DEC	21	1985	6	A.M				
	3. SE		- 14	. RACE		5. DATE C			6. AGE (IN YEAR	LAST BIRTHDAY)		DER I YEAR	IF UNDER					
1		Emale		Cau	casian	Oct	ober 2,	1919	66	YR	MONT	S DAYS	HOURS	MIN.				
		RTHPLACE (STATE OR FOR	REIGN 7	. CITIZEN OF	WHAT COUNTRY?	8	D NEVER /		9. BALTIMORE	CITY OR COU	NTY OF			111				
6		ouisiana	b	SA		WIDOWE	_	VORCED T	PRINCE GEORGES MD.									
d		TY OR TOWN OF DEATH	н 1		HOSPITAL, NURSIN	OR OTHER INS	ITUTION	12a USUAL OC	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)				SS OR					
		AUREL		GREATE	R LAUREL	BEZTS	VILLE H	OSPITAL	Accou		Preparation							
6	USU/ 13a. S	AL RESIDENCE (IF NURSING	3b. COUNT		13c. CITY OR TOW		13d INSIDE C	ITY LIMITS?	13e STREET ADI	DRESS / ZIP C	ODE							
0			nce G	eorge's	Clinto	n	YES X	NO 🗌		chultz	Road	(20)	735)					
1	14. FA	THER'S NAME	M	IDDLE	LAST		15 MOTHER'S	MAIDEN NAM		IDDLE		LAS						
6		Enoch Cowar					Ac	leline F				183						
1		VAS DECEASED EVER IN		ED FORCES?	166. SOCIAL SECU	IRITY NO.	17 INFORMA	NT		ADDRESS								
		No	N/A	TAR OR DATES!	154-01-	3320	George	F. Cak	ke - San	e As #1	3 A-	-E						
		18 CAUSE OF DEATH	Enter only	one couse per							T	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Metastatic Endometrial Carcinoma																
		1/	AMEDIATE	CAUSE (6)	TICKU, JIM		T. L. DITTE	11141	ear orr	10/11/04								
				DUE TO, OI	R AS A CONSEQU	ENCE OF												
		Conditions, if any, v		(b)														
		cause (o), stating	the	DUE TO, OR AS A CONSEQUENCE OF														
		underlying couse	lost.	((c)														
	-	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0																
	ō	Rewmant Sepsis, Dialetes Hellitus																
5	S	190 DATE OF OPERATIO	N	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	200. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?										
	CERTIFICATION								YES TI N	OF	YES T	CAUSES	NO T					
5	E E	210. ACCIDENT WAS UNDER	LYING	21b. TIME O					ED (ENTER NATUR	OF INJURY IN ITEM	18 PART I	OR PART 2)						
П		OR CONTRIBUTING CA																
	MEDICAL	214 INJURY OCCURRE					211 LOCATIO)N										
	ME	WHILE NOT WHILE			EET FACTORY OFFICE, F	ARM ETC)	STREET		CITY OR TOWN			COUNTY	5	STATE				
		AT WORK AT WORK		15 44 1 1 1		Juli		05	7	ec								
		220.1 certify that (1) (the saw the deceased		0				19.85				_	hat (I) (v					
		obove, (I) (we) (did) (did not) view the body ofter death.								nour one			ored					
		226. SIGNATURE				DEGREE	TTENDING	MEDICAL	CTAFF		22c DATE :	SIGNED	_					
		rynne	10	yne	2	101			MEDICAL DIRECTOR	PHYSICIAN [12/2	1/8	5				
		22d. PHY CIAN'S NAM			44.5		22e ADDRES	SIALIAE	2 11000	00 1	1	57 W	.)					
		LYNNO	EGA	YNES	, M.D.		14201	MUREL	PARK	UK, LA	TURC	37	707	,				
	230 B	JURIAL, CREMATION, RE	MOVAL	23b. DATE	23c 1	NAME OF C	EMETERY OR (REMATORY	23d. LOCATIO									
	Cre	mation	Dec	ember 3					Clivori	ton M-	CO:	YTH	مالالما	TATE				
	-	remation December 22, 1985 Lee's Crematory Clinton, Marylandon Company Company Clinton, Marylandon Company Com																

DHMH - 16 50M 4/83 (VRA 15, 4) 6633

MPORTANT: If hem 21 is morked

Old Alexander Ferry Road, Clinton, Maryland

DEC. 54 1300

Let THE E A 3445 PRINCE GEOLOGY TENNET THE PARTY OF THE PARTY O The state of the second second

15-16-1

Inches

E'strad sommat

ferical a Topical

uctor's Wospital Letense De Constitucion
1.5. Lendove: 120 Lenisch May 20.

Total Control of the Control of the

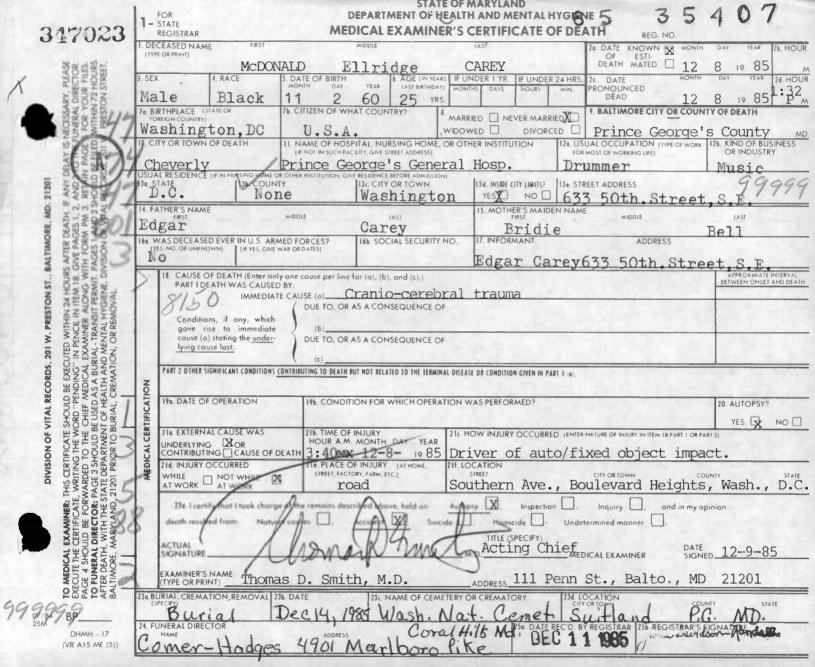
Manager Manager Live of

Marine and the second

The state of the s

DEPARTMENT OF HEALTH AND MENTAL HYGISNE 23 - STATE REGISTRAR REG. NO 354098 20. DATE KNOWN TYPE OR PRINT DEATH MATED SEX AGE (IN YEARS | IF UND DATE LAST BIRTHDAY) PRONOUNCED DEAD BIRTHPLACE MARRIED NEVER MARRIED FOREIGN COUNTRY CONNECTICUT USA DIVORCED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION WAL RESIDENCE (IF IN NURSING 3a STATE 12 COUNTY 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE UNKNOWN UNKNOWN 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 7 INFORMANT MRS. LILLIAN ESCANTOR (YES. NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NO 341-10-3153 34 LINCOLN WEST HAVEN, CT 06516 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Conditions, if any, which gave rise to immediate cause (a) stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (n) 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK CITY OR TOWN COUNTY STATE PAGE 4 SHOULD BE FURNING TO FUND TO FUND BY PAGE AFTER DEATH, WITH THE STATE! 1 220 I certify that I taok charge of the remains described above, held an Autapsy Inspection and in my opinian Natural couses Suicide Hamicide Undetermined monner TITLE (SPECIFY) ACTUAL DATE Dec /21985 JOHN S. ROGERS, M.D. LAUREL, PRINCE GEORGES, MD 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION REMOVAL/BURIAL DEC.15,1985 CONG.SINAI MEM. PARK WEST HAVEN CONNECTICUT 24. FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 25h REGISTRAR'S-SIGNATURE DHMH (VR ATS ME (5)) 6010 REISTERSTOWN RD. BALTO, MD 21215

STATE OF MARYLAND



THE PARTY OF THE P

Andrew Company of the Company of the

DIVISION OF VITAL RECORDS,

The state of the second of a bit dies. Signature A State And Property and A services

FOR STATE

(IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

21d INJURY OCCURRED

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

ŝ	5	3	5	4	0	7
	DEC NO					

2h HOUR

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT

1:43P M

		(TYPE OR PRINT)	FIRST	MIDDLE	two!	26. DATE OF DEATH	MONIH DAY TEAR 2	h HOUR
/ ° °	oge 3 deoth				CARTER	December	17 1985	
E	d ja	3. SEX	4 RACE	5 DATE	OF BIRTH H DAY YEAR	6 AGE (IN YEARS LAST BIR		HOURS
1/2 5	0 0	Female	Black		17,1896	89	YRS.	10000
TOPE	the mon	70. BIRTHPLACE (STATE OF	FOREIGN 76 CITIZEN OF	WHAT COUNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
too	277	COONINT	United	States WIDOW		Prince Ge	orge's	
	71 300	10. CITY OR TOWN OF DE	ATH 11. NAME OF	HOSPITAL NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATI		BUSINESS
6	11 85	Lanham	Doctors	CHEACILITY, GIVE STREET ADDRESS) Hospital of	Pr. Geo. Co.	Clerk	U.S. G	ov't
24 Pour	Albert 4/7	USUAL RESIDENCE (IF NUR. 130. STATE D.C.	SING HOME OR OTHER INSTITUTION 136. COUNTY	GIVE RESIDENCE BEFORE ADMISSION) 136. CITY OR TOWN Washington	138 INSIDE CITY LIMITS? YES X NO	13e.STREET ADDRESS		199
MARYLA ed with	1001	14 FATHER'S NAME FIRST	WIDDIE	LAST	15. MOTHER'S MAIDEN NA		LAST	
RE,	5 B		N U.S. ARMED FORCES?	166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRE	SS	
I I WO		(YES NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	579-60-6246	Albert W. Mu	undy,223 Wey	mouth St.Larg	o Md
4 (B	moved to	18 CAUSE OF DEA PART I. DEATH V	TH (Enter only one couse pe VAS CAUSED BY IMMEDIATE CAUSE (0)	Acute Ren	al Failur	٩	APPROXIMA BET WEEN ON	ATE INTERVA
S NOTS	artendia are carbs fida, or n oumatic	Conditions, if any	DUE TO, C	OR AS A CONSEQUENCE OF	Reart Fail	ine.	Nee	ks
thot the	d by the eose re- ot, cremo	gove rise to im cause (0), stati underlying cous	ng the DUE TO C	OR AS A CONSEQUENCE OF				
RDS, 20	Then plant to burn injury, o	7	7	CALL SYNCHOLE	_	ainal disease or con	DITION GIVEN IN PART 110	
IL RECC	hos ber permit ene prid	190 DATE OF OPERA	TION 196 COND	OITION FOR WHICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES O YES	
VITA T. N. T	ronsid Hygir 18 sh	210 ACCIDENT WAS UN	IDERLYING 216. TIME C	DF INJURY .M. MONTH DAY YEAR	21c. HOW INJURY OCCUR			
4	222 - 1/2	OR CONTRIBUTING	CAUSE OF DEATH	TEAR				

IN CERTIFYING CAUSES OF DEATH? YES T NO T IN ITEM IS PART I OR PART 21

STATE

STATE

211 LOCATION CITY OF TOWN COUNTY

22a I certify that (1) Ithis haspital) attended the deceased from sow the deceased live on 12-16
obove. (I)/(we) (did) (did not) view the body after death. and that in (my) (our) opinion death occurred on the date and hour and from the couses stated 22b. SIGNATUR DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN Vino

JAMES

230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY Washington, Burial 12/20/85 Mt. Olivet Cemetery

24 FUNERAL DIRECTOR Washington, DC

21e PLACE OF INJURY

(AT HOME, STREET, FACTORY, OFFICE FARM ETC.)

Julia Davidson-Randalle McGuire Funeral Serv. 7400 Georgia Avenue N.W. JEU 2

ONOISINIO

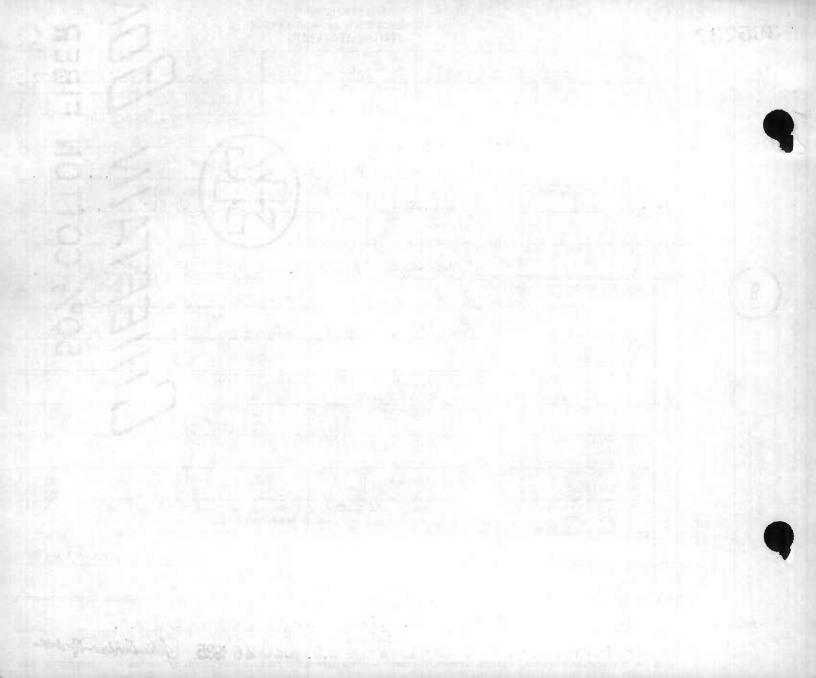
morked or 194

MPORTANT: If Item

116 60M 7/84

(VRA 16, 4)

TO FUNERAL DIRECTOR: J should be detoched for use with the State Dept of Heo



						S	TATE OF	MARYLAN	ND						
			FOR		DI	PARTMENT (OF HEALT	H AND M	ENTAL H	YGIENE		5	6	1	1
00	3074		STATE REGISTRAR		MED	ICAL EXAM	INER'S	CERTIFIC	CATEO	FDEATH	REG. N	10			9
4,940	10011		CEASED NAME	FIRST		MIDDLE		LAST		2a DA3	E KNOWN		DAY	YEAR	26 HOU
	Ih		E OR PRINT)							Ur.	E311.		0.11		20 11001
	S S H H			WILLIA		DMAS		'FMAN			TH MATED [12	27 1	985	1
	PLEAS ECTOR FILES STREE	3 SEX	4 RA	CE	5 DATE OF BIRTH	6. AGE (THOAY) MO	INDER 1 YR.	IF UNDER		UNCED	MONTH	DAY	YEAR	1530
	N 200 K	Ma	le Wh-	ite	June 6, 19	320 65	YRS MOR	TINS UAIS	HOURS		AD	12	27	1985	12
	SA X X X	70 BI	RTHPLACE (STATE OF		76 CITIZEN OF WHA	T COUNTRY?	8	- V		9 BALT	IMORE CITY	OR COUNT			-
	品品の		reign country)	- 00	lint to d	Ctatas	WIDO	RIED X NE			Data				
	VIS NECESSARY, PLEASE HE FUNERAL DIRECTOR, GE 5 FOR YOUR FILES, WITHIN YEARON STREET,		TY OR TOWN OF DE		United 11 NAME OF HOSPI				DIVORCE	II2a USUAL OCC		ce Ge		D OF BUS	JM.
	7. 第20 11 11 11 11 11 11 11 11 11 11 11 11 11	10.01	IT OK TOWN OF DE	LAITI		ITY, GIVE STREET ADDRE		HEK INSTITU	TION			PE OF WORK	ORI	INDUSTR	Y
	\$08 m	A	ccokeek		15504 John	n Dailev	Road			Union	works	2r	Con	str	uct.
=	A S S S S S S S S S S S S S S S S S S S		L RESIDENCE (IF IN A		OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADA	1551ON)	hat mens	177 11111770	lia crossr in	20500		0	00	01
21201	各基度	Ma	ryland	Princ	ce Georg	131. CITY OR TOW	PPK	YES X	NO [15504	John	Det1	DV	Road	d
MD.	学过去 134		THER'S NAME	1					R'S MAIDE	1	OUTITI	0011	Ey		
	语 (1)		FIRST	T.	MIDDLE	EAST		F	IRST	IN INAME	MIDDLE	-		AST	
MORE	80-14/		illiam	Thoma			r.	Eth	el				LOM		
W	9 4 6 h 7 5	16a. V	VAS DECEASED EVE	R IN U.S. ARM	VAR OR DATES)	166. SOCIAL SECU	IRITY NO.	17. INFORA	TURN		1550 45s	SJohn	Da	ile	v Rd
H	A TOPE		No	1,		577228	990	Pego	v Ca	uffman				.20	-
100	NA GIA		18 CAUSE OF DEA	ATH (Enter only	y ane couse per line fo	r (a) (b) and (c)			.,			C C C C	APPI	ROXIMATE	INTERVAL
ST	A S S S S S S S S S S S S S S S S S S S		PART I DEATH		BY: E CAUSE (a) Arte			cardio	Vaccii	lar die	2250		BETWE	EEN ONSET	AND DEATH
O	VALER OF TEA		100	IMMEDIATI		S A CONSEQUEN		cardio	vascu	Tar disc	case		+		
EST	JER ALCIN 2		Canditians, if	any which	DUE TO, OR A	S A CONSEQUEN	CEOF								
DC			gove rise to	immediate	(b)										
3	インタースの		cause (a) statir		DUE TO, OR A	S A CONSEQUEN	CE OF								
201	N A E E E		lying cause las	<u>st.</u>	(c)										
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	WLD BE EXECUTED "PENDING" IN PIECE EXAL EXAL EXAL EXAL EXAL EXAL EXAL EXA		PART 2 DINER SIGNIFICA	ANT CONDITIONS C	DNIRIBUTING TO DEATH BUT	NOT RELATED TO THE	TERMINAL DISE	ASE OR CONDITIO	N GIVEN IN PAR	PT 1 ini					
O O	PENDING" MEDICAL AS A BUR EALTH AN	Z	1117 75												
2	- CEASEN	CERTIFICATION	190. DATE OF OPER	RATION	TIBL CONDITION	ON FOR WHICH O	DEDATION	MAC DEDECOR	AA ED 2				Ann at	JTOPSY?	
₹	SHOULD ORD "PE CHIEF A FE USED I TOF HE/ URIAL, C	0			The Condinc	NOR WINCH	LKATION	WAS FERIOR	MED:				20 AU	TOPST?	
2	꽃유수프로를	E												ES 🗌	NO X
O	THE WORLD BE CATE SHADON THE CATE CATE CATE CATE CATE CATE CATE CAT	U	210. EXTERNAL CAL	OR OR	11b. TIME OF IT	NJURY MONTH DAY Y	FAR 21c	HOW INJURY	OCCURRE	D LENTER NATURE OF	INJURY IN ITEM 18	PART 1 OR PAR	ET 2)		
NO	RTIFICATE VG THE WOOD TO THE YOULD ARTMEN	13	CONTRIBUTING	CAUSE OF D		19									
/ISI	Im C	MEDICAL	214 INJURY OCCU	RRED		INJURY (AT HOM	. 21f. L	OCATION							
Š	ARDED	2	AT WORK AT	T WHILE	STREET, FACTOR	Y, FARM, ETC.)		STREET		CITY OR	TOWN	COU	INTY		STATE
	ISSEE		AT WORK AT	WORK											
	O MEDICAL EXAMINER: T KECUTE THE CERTIFICATE, SEGUE A SHOULD BE FORM O FUNERAL DIRECTOR: P FIEL DEATH, WITH THE ST ALLI NORE: MARYLAND, 2		22a. I certify tho	t I took charge	e of the remains descri	bed obave, held o	n Auto	psy .	Inspection	X, Inqui	ry XI. o	nd in my ap	inion		
	ME HOLE	-	death resulted fro	m: Noture	ol couses XX. A	ccident	Suicide [, Homic	ide .	Undetermined	monner .				
	CERTIF CERTIF JID BE DIREC WITH AARYL			1 .	110			TITLE (S	PECIFY)						
	A COOP		ACTUAL SIGNATURE	Kegust	1. tools	year			uty	MEDICAL EX	4.44.15.15.0	DATE	_12/	27/1	.985
	SES LES	1	and the long of	1	1	10		M.D		MEDICALEX	AMINER	SIGNE	D		
	AMEDIC CUTE T SE 4 SI FUNER		EXAMINER'S NAMI	Anonst	o P. Rodr	ionez M	D	5	009 R	ayburn (t To	mn1e	H: 11	e M	[d
	TO ME EXECUTATION FAGE AF IN BA	225 0										mpre.	11111	3, 11	id .
		230.B	JRIAL, CREMATION, PECIFY) Buri		12-30-85	Z3c NAME OF Trini				23d LOCATION	7 F	arle	YTY	Ma"	ATE
07/84 25M	BP	_		CIT			-								•
ZOM	DHMH - 17	24. FL	NERAL DIRECTOR		ADDRESS	O Box	156		250. DATE R	EC'D. BY REGIST	10	ISTRAR'S SI	- 40	RE	1
	(VR A15 ME (5))	H	luntt Fui	neral		aldorf.	Md.	2060	UEC	3 1 19RF	Juna	Davidson	-Man	Sex.	7

. dp. more to the contract to the contract to

Den wall I need doest to ke deadon mroad sail luming

Total and the North and Angel State of the Bullet and the State of the

Little . The treatment is the second

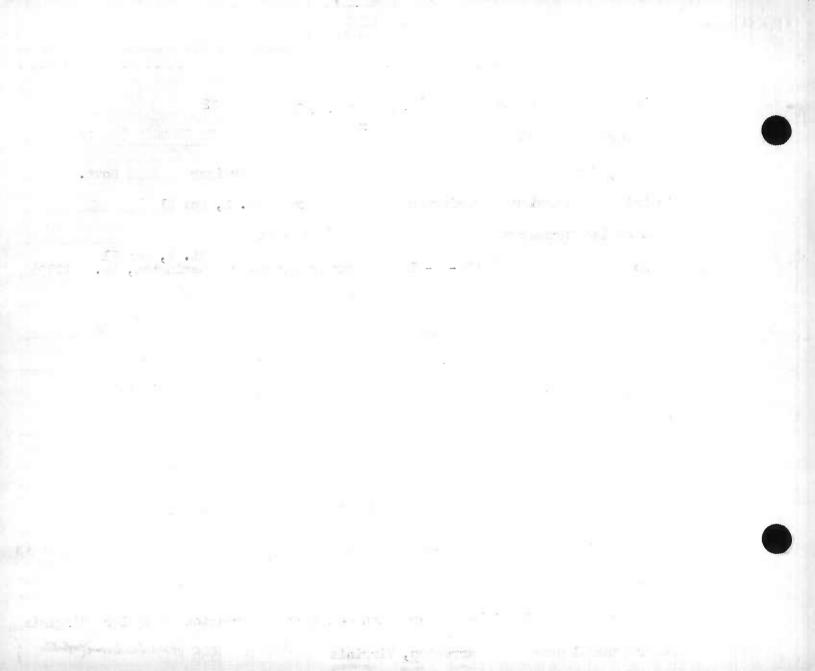
essole but hou ______ column Lies

002120	1.	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HYC	REG. NO.	55.	
1		CEASED NAME	FIRST		MIDDLE	Į.	AST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
2 75 X	TYPE	OR PRINT)	Marth	na	Roslyn	C	hilds	December 2	3, 1985	1:15 ^p
1 11	3. SE	X		4 RACE		5 DATE C	F BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR	IF UNDER 24 HRS
4 90 /		Female	APYS	Whit	0	Apri		72	MONTHS DAYS	HOURS MIN.
The part of		RTHPLACE (STATE ORF	OREIGN		WHAT COUNTRY?	8		9 BALTIMORE CITY OR CO	JNTY OF DEATH	
1 1841		Labama		U.S	Λ		NEVER MARRIED	-		
1 24 /3//		TY OR TOWN OF DEA	TH	II. NAME OF	HOSPITAL, NURSIN		D NORCED TROTHER INSTITUTION	Pr. Ge	12b. KIND (MD. OF BUSINESS OR
1 11 90		anham		Doct		sp. o	f P.G.Co.	Housewife	ING LIFE) INDUSTRY	112
1 12 19/	13a.	AL RESIDENCE (IF NURS	13b COUN	OTHER INSTITUTION ITY	13t. CITY OR TOW		13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP	CODE (20'	706)
2 23 4/2		Md.	Pr.	Geo.	Lanhar	n	YES 🔀 NO 🗌	9305 - Dub		enue
1 13/19	14. FA	THER'S NAME		AIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME	AJ	67
1 10/00		Lee		G.	Lammon	1	Martha	MIDDLE		ickland
		VAS DECEASED EVER		MED FORCES?	16h SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDRESS	Same	
1 21/		NO NO OR UNKNOWN)	(IF TES GIVI	- MAK OK DATES!	217-72	-2950	Patricia	Hall (Dtr.)	above	
		18 CAUSE OF DEATH PART I. DEATH W	H (Enter on	y one couse per	r line for (a), (b), or	dic ,	6 /			ONSET AND DEATH
0000		TANTI DEATH W		E CAUSE (0)		arou	usbudpund	amist		
th ce or				DUE TO, C	R AS A CONSEQU	ENCE OF	/	31 1	1 6	
dea		Conditions, if ony,		(b)_	Spina	e co	ed introd	with guader	nlequu	
by the ose rem		gove rise to imm couse (o), stotin underlying couse	g the	DUE TO, O	ostupri		fracture e	of swend and	ma	
n signed Then ple to buric	NO	PART 2 OTHER SIGN	NIFICANT C	ONDITIONS C	ONTRIBUTING TO	Cong	NOT RELATED TO THE TERM	AINALDISEASE OR CONDITION	Chime of	structure
The law ricion. te has bee sist permit. grene prior	CERTIFICATION	190 DATE OF OPERAT	ION	96 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b.	FYES, WERE FINDS ERTIFYING CAUSES YES	NGS USED S OF DEATH?
hysical hysical hysical hysical hyginal hygina	E E	210 ACCIDENT WAS UND		216 TIME C	OF INJURY .M. MONTH D	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2)	
g pl g pl g pl iol-t	SAL	OR CONTRIBUTING		I I	M.	19				
G PHYS offendin er this of the bur ond Me	MEDICAL	21d INJURY OCCURR	OLE CT		OF INJURY REEL FACTORY OFFICE.	ARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
TENDIN or use a or use a of Health		22a I certify that (1) saw the decease	ed olive on.	Dec	23 19		d that in (my) (our) opinion	deoth accurred on the dote on		that (I) (we) lost
REC REC FOR		obove, (I) (we) (d	lid) (did not	view the body	olter deoth.		DEGREE			SIGNED
RAL DI detach detach Trate Di tote Detach Trate T		Dar	nd	Boeles	hu , 1	m		MEDICAL STAFF DIRECTOR PHYSICIAN [De	2,27,198
ro Hospital etoined by to TO Funeral should be det with the State		David		Bo-et	cher,	m.0,	14300 Ga	Mant Fox Le	me, Bo	wie, Mo
7 6 T 2 3 K		BURIAL, CREMATION,	REMOVAL	23b. DATE	23€	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE
BP		Burial		12/28	3/85 F	. Li	ncoln Cem.	Brentwood		
DHMH - 16 60M 7/84 (VRA 15, 4)		alley's I	F.H.I	nc. 1	dt. Räir	nier,	Md. OE	C 3 0 1985	GIST DAD SAIGNA	Mindelle

STATE OF MARYLAND

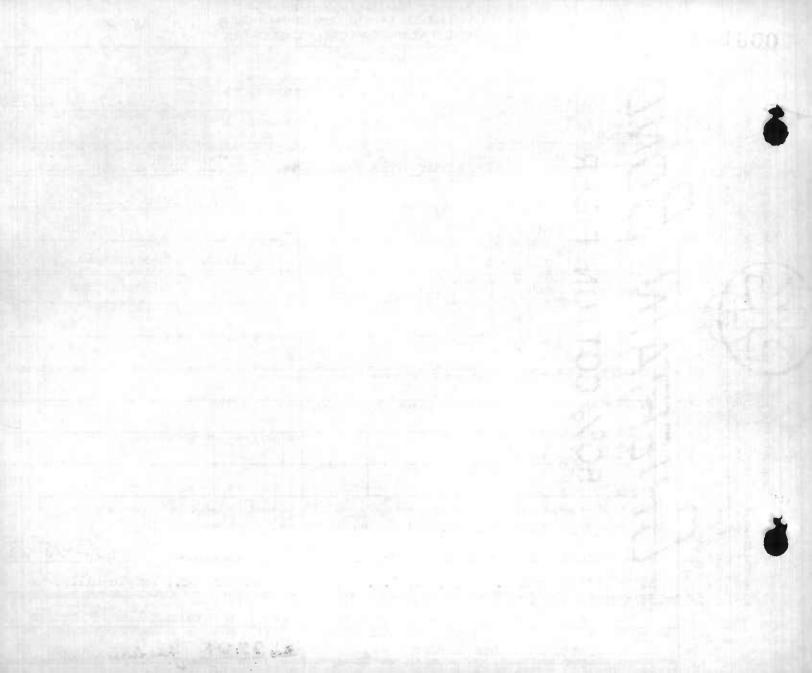
The state of the s

008044	1.	FOR STATE REGISTRAR		DEP	ARTMENT OF	E OF MARTLAND IEALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 5	3 5	4 1 2
nay be page 3 r death	(TYPE	ORPRINT) JO.		CHRO	NAK	ER	20. DATE OF DEATH	MONTH DAY YEAR 12 27 85	2b. HOUR 8 55A _M
menter, p	3. SE	x Male	Whi		5. DATE MON		6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YE MONTHS DAY	
0 000	, i	RTHPLACE ISTATE OR FOREIC OUNTRY) Vew York	USA	ZEN OF WHAT COUN	MARRII WIDOW	D NEVER MARRIED DIVORCED		DR COUNTY OF DEATH EORGES COUN	
100 the first of t		CHEVERLY	"P	RINCE GEOF	RGES GEN	OR OTHER INSTITUTION ERAL HOSPITAL	12e USUAL OCCUPAT (TYPE OF WORK FOR MOST O		
ARYLAND 212 within 24 hou deely filled in d 2 hould be aucher making	Vi1	rginia F.	auquier	Remins	gton	13d. INSIDE CITY LIMITS? YES NOTHER'S MAIDEN NA	Rt. 2 Box	51 9	19999 LAST
IMORE, M. be executed on and comp i Pages I an	16a V	ONSTANTINE C. VAS DECEASED EVER IN (VES, NO OR UNKNOWN) (IF NO		PRCES? 166 SOCIAL	SECURITY NO. 3-8193	Calope Kuc	ADDR.	ESS, Box 51 ington. Va.	227311
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The law requires that the death enthcole be executed within 74 hours of enthching physician. When this certificate has been uponed by the distance project floate. I amd 2 bould be filled in by as the buriof-tremit permit. Then please emits could popert floate. I amd 2 bould the fill the and Amental Puguene prior to buriof, cremotion, or removal. orked on them 18 shows any injury, or other traumable event, the medical examiner mall before orked on them 18 shows any injury, or other traumable event, the medical examiner mall before	CATION	Canditians, if any, wh gave rise to immedi cause (a), stating underlying cause li	AEDIATE CAUS DU sich ote the ost. DU CANT CONDIT	60	SEQUENCE OF	Diabe	Caldida Caldid	CH F OITION GIVEN IN PART 200. IF YES, WERE FINI	DINGS USED
VISION OF VITAL RE G PHYSICIAN The la strending physician of this certifican data in be burial-training per and Mental Highern ked or item 18 shows	MEDICAL CERTIFICATION	218. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL EX 218. INJURY OCCURRED WHILE NOT WHILE AT WORK ANOT WHILE AT WORK ANOT WHILE	E OF DEATH AMINER)	. TIME OF INJURY OUR A.M. MONTH P.M. PLACE OF INJURY HOME, STREET, FACTORY, O	H DAY YEAR 19 OFFICE, FARM, ETC.)	216 HOW INJURY OCCUR	YES NO	YES THE TEM 18, PART 1 OR PART 2	SES OF DEATH?
HOSPITAL CATTEND ned by the hospital o FUNERAL DIRECTOR, ald be detoched for use the State Dept of Head ORTANT: if hem 21 is m		22a. I certify that (I) (this saw the deceased o obave, (I) (we) (did) (22b SIGNATURE)	s haspital) atte		,	2 13 19 2 and that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS	death occurred on the d	FF 22€ DA	S, that (I) (we) last the causes stated ATE SIGNED 2.27.85 Cheverly
99 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	23a. E	URIAL, CREMATION, REM PECIFY) Burial		/31/85		emetery or Crematory on Cemetery	23d. LOCATION CITY OR TOWN Warrenton	Fauquier	Virginia
DHMH-16 20M (VRA 15, 4) 7/78		Ser Funeral	Home	Warrer	ss nton, Vi	TAL	N 6 1986	256 REGISTRAR'S SIGN	



2 1 2 2 TRANSPORTED TO THE PROPERTY OF the party of the p

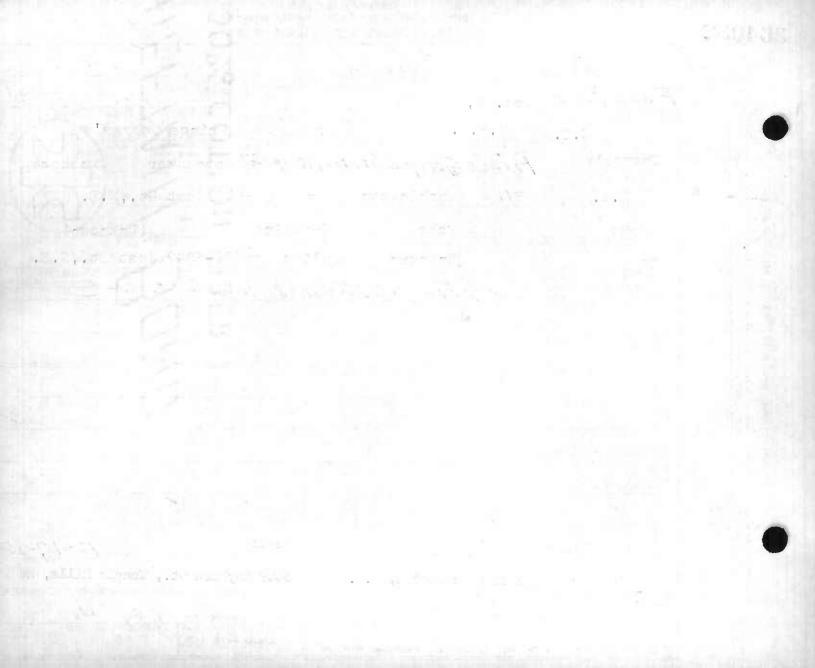
	FOR			DEPARTMENT OF	HEALTH	AND MENTAL H	YGIENE .	9	5 3 4	-
03118	- STA	ISTRAR	ME	DICAL EXAMI	NER'S C	ERTIFICATE O	F DEATH	REG. NO	0.	
	1 DECEA	SED NAME FIRST		WIDGIE		LAST	Za. DATE	KNOWN [YEAR 26 HOUR
IN PAGE 5 FOR YOUR FILES. RES 201 W. PRESTON STREET,	(TYPE OR	Roy	7	S	Clar	k	OF DEAT	H MATED	1	1 1 1 1 1 1
	3. SEX	14 RACE	IS DATE OF BIRTH		EARS IF UN	4			MONTH DAY	YEAR 2d HOUR
	34-	To Table in a	MONTH DAY	YEAR LAST BIRTH	100		MIN PRONOI	UNCED	12-17- 10	0 7 00
,	Ma	le White	July 10		rrs.				TZ-T/- 19 OR COUNTY OF DEA	
1	FOREIGN	COUNTRY)		HAT COUNTRY?		ED NEVER MARRI	IED L	-	George	AM AM
		orgia	USA		WIDOW					MD
P		itland		SPITAL, NURSING HON ACILITY, GIVE STREET ADDRESS!	AE, OR OTH	ER INSTITUTION	120 USUAL OCC		OR IN	OF BUSINESS IDUSTRY
				ilver Hil		ad #A	Truck	Drive	er Nurs	ery
	USUAL RE	SIDENCE (IF IN NURSING HO)		136. CITY OR TOWN	SION)	13d INSIDE CITY LIMITS?	13e STREET ADD	RESS	2076	3
	Mary	land Pr	George	Suitland	d	YES NO	4227 8	Silver	Hill Ro	ad
		R'S NAME	MIDOLE	TAST		15. MOTHER'S MAIDE		MIDDLE	PAI	
	Co	THE STATE OF THE S	over	Clark		Carrie	E	MIDDEL	Justic	e
ĺ	16g WAS	DECEASED EVER IN U.S.	ARMED FORCES?	166. SOCIAL SECURI	TY NO.	17. INFORMANT		ADDRESS	5	
	Ye		Cetime			Billie B	Clark	Same	as #13	
		CAUSE OF DEATH (Enter		for (a), (b), and (c))					APPRO	OXIMATE INTERVAL
		PART I DEATH WAS CAU	SED BY:	Cardiomy	opat	hv			BETWEEN	N ONSET AND DEATH
		IMMED	DUE TO, OF	AS A CONSEQUENCE						
EN		Canditions, if any, wh								
		gave rise to immedia couse (a) stating the und		AS A CONSEQUENCE	OF					
		lying cause lost.	001 10, 01	AS A CONSCOURNCE	Or					
	1 1	T 2 OTHER SIGNIFICANT CONDITION	(c)	BUY NOV BELLAYON TO YOU YE						
		I Z OTNEK SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DEATH	BOL MOL KETALEN LO LUE LEN	MINAL DISEASE	E OR CONDITION GIVEN IN PAI	RT 1 (q)			
	CERTIFICATION 130	DATE OF OPERATION	Ties CONDI	TION FOR WHICH OPE	PATIONIA	AS DEDE OBAMED 2			2D AUT	OBCV2
	2 1	DAIL OF GILLAMON	178. COND	INDIVIOR WINCIPOLE	KATIOI II	ASTERI ORNED:				
	Ē	EXTERNAL CAUSE WAS	216 TIME O	E INTUIN	101 116	OW INJURY OCCURRE				NO D
	UN UN	DERLYING OR		A. MONTH DAY YEA	AR ZIC. HC	DW INJURY OCCURRE	D (ENTER NATURE OF	INJURY IN ITEM 18	PART I OR PART 2)	
	S cc	NTRIBUTING CAUSE			-					
	MEDICAL MEDICAL	INJURY OCCURRED		OF INJURY (AT HOME, TORY, FARM, ETC.)		CATION TREET	CITY OR	TOWN	COUNTY	STATE
	AT	HILE NOT WHILE WORK								
		22a. I certify that I taak ch	orge of the remains de	scribed above, held an	Autop	sy , Inspection	n , Inqui	y . an	nd in my opinion	
			atural couses .		vicide	, Homicide .	Undetermined		7	
		1	101	0			onderermined.			
		TUAL SUCCESSION OF THE PROPERTY OF THE PROPERT	110 / M	Adelle		Deputy	MEDICAL EX		DATE /2-	-18-85
		SNATURE / CO	1	1	M	υ	MEDICAL EXA	AMINER	SIGNED'	
	EXA	MINER'S NAME AUG	usto P. Roo	iriguez, M.	D.	ADDRESS 5009	Rayburn (Ct., Te	emple Hill	s, Md
		L, CREMATION, REMOVA		23c, NAME OF CI		ADDRESS	1214 LOCATION	1		
	(SPECIF	Burial	23Dec198			lemorial	CITY OR TOWN	sonvi	TIE FIO	rida
	24 FUNE	RALDIRECTORODET		lm Funera			REC'D. BY REGIST	RAR 256 REG	ISTRAR'S SIGNATURE	
	NA	Suitla	ADDRES	land		OFC 9	27,1085		This yo.	
((i		DULL	make dilute y			1500	THE RELEASE AND ADDRESS AND AD	5 APR 144 (5)		A William State of



			FOR STATE					TMENT OF	HEALTH		ENTAL		-		3	5	4	1	j
006	5202		REGISTRAR			WE		EXAMI	NER'S C	ERTIFIC	CATE	OF DEA	TH	REG	NO.				200
T			CEASED NA E OR PRINT)	JAM	ES	L	MIDDLE		COBU	RN			OF	ESTI- MATED		12	25 ₁₉	YEAR 85	76 HOUR
h	S NECESSARY, PEASE F FUNERAL DIRECTOR. E S FOR YOUR FILES. THIN 72 HOURS	3 SEX	ale	4. RACE Caucas	MOI	TE OF BIRTH	YEAR	6. AGE (IN Y LAST BIRTHI		DER 1 YR.	HOURS	MIN	2c DATE PRONOUI DE AL	NCED	MC	12	DAY	YEAR 9 85	2d HOUR
4	SSAR ALD TO	70 BI	RTHPLACE	(STATE OR		ITIZEN OF W	HAT COL		To.	50 50 115	(50		9. BALTIA		KORC	OHNIX			IIOa M
	S S S S S S S S S S S S S S S S S S S	FC	W. V.	Å.		USA			WIDOW	ED NE	DIVOR		Pri	nce	Ged	org	e ts	Co	untwo
	>ESEC.	V	ty or tow hever]	N OF DEATH	(1	F NOT IN SUCH F	ACILITY, GIVE	URSING HOME STREET ADDRESS)				FOR	MOST OF WO	PATION RKING LIFE)	(TYPE OF V	VORK 12	OR IT	OF BUSTR	SINESS
21201	IF ANY DELA AND 3 TO RETAIN PA RECORD RECORD	USU A 13a. S				R INSTITUTION, G	13c CT			13d. INSIDE CI		13e. STR	EET ADDR			7	06	O	
Š.	H. H.	14. F/	THER'S NA		MIDO		- India	LAST		15. MOTHE				AIDDLE		110	LAS	a.T	
RE, I	SES 1 A PN	1	First		D		Co	burn			[da	311	,	M.			Bir		
N N	ORAGE ORAGE ON	160 V	VAS DECEAS ES. NO, OR UNK	SED EVER IN U.	S. ARMED F			OCIAL SECURI		17 INFORA				ADDR	ESS				
-	ASE ESS		No					36-56-	1342	Alic	ce G	. Co	burn		Sa	ame	as	13	
E	ST ST I		18 CAUSE PART L	OF DEATH (En	ALISED BY.						N.				4.1		BETWEE	OXIMATE N ONSET	AND DEATH
8	SER SER		155	JU IMN	EDIATE CAL			t wound		the he	ead:	.22	alib	er ri	ifle				
REST	HIN NSIT NSIT NSIT NSIT NSIT NSIT NSIT NS		Condit	ions, if ony,	which	DUE 10, OF	AS A CC	MASEGUEINCE	OF										
¥.	TRAINE NTAINE			rise to imme		(b)	RASACC	NSEQUENCE	OF						-				
201	EXA EXA ON,	0.	lying c	ouse lost.	1	(e)													
RECORDS.	HOULD BE EXECUTED WITHIN 2, HARD "PENDING" IN PENCIL IN ITM HIEF MEDICAL EXAMINER ALON USED AS BURIAL. TRANSIT PER OF HEALTH AND MENTAL HYGIRN RIAL, CREMATION, OR REMOVAL.	z	PART 2 DIHER	SIGNIFICANT COND	ITIONS CONTRIB	UTING TO OFATH	BUT NOT RE	LATED TO THE TER	MINAL DISEAS	OR CONDITION	GIVEN IN PA	ART 1 to:							
L REC	"PENDI PENDI FF MEDI FE AS A	CERTIFICATION	19a DATE (OF OPERATION		196 CONDI	TION FO	R WHICH OPE	RATION W	AS PERFOR	MED?	-			-		20 AU	TOPSY?	
VITAL	SHOCK ON THE CHIEF	E	The same	NX,D														s 🗆	NO X
Ö	THE W	AL CER		VAL CAUSEW.		21b. TIME O HOUR XX	MONT	H DAY YEA	R	ow INJURY				IJURY IN ITEA	A 18 PART	OR PART	2)		1113
DIVISION	ERTING FD 10 SSHC PRICE PRICE	MEDICAL	21d INJURY	OCCURRED		21e PLACE		Y (AT HOME.	211 LO	CATION									
٥	EAAAET	2	AT WORK	NOT WHILE	E X	at h	nome	, ETC.)		Middl	Leton			orf,(Char	les	Co.	, Mc	STATE
	LEXAMINER: THIS ECENTIFICATE, WOULD BE FORWALD IN DIRECTOR: PACH, WITH THE STATEMENT WARYLAND, 212			rtify that I took	charge of th		scribed of		Autop vicide X		Inspectio		Inquiry ermined m		ond in	my opin	ion		
	EXAMI CERTIF JID BE DIREC WITH WARYL	4		~ 1		- 1)//			TITLE (SI		Olloci	ermined m	omici _	_'				
	A HE		ACTUAL SIGNATUR	E CI	ugun	9/.	1600	ugles	M	Depu	ity	MED	ICAL EXAM	AINER	5	ATE T	12/2	6/ 1	1985
	TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE PORN TO FUNERAL DIRECTOR; P AFTER DEATH, WITH THE S; BANTIMORE, MARYLAND, 2	1	EXAMINER (TYPE OR P	S NAME AUD	usto F	Rodr	rigue	z. M.D		ADDRES 50	009 R	aybuı	n Ct	, Те	emp1	e Hi	ills	, Mo	1
	5X45A	23a B	JRIAL, CREM	ATION, REMO				NAME OF CE				CITY	OR TOWN			COUNTY	,	STA	ATE .
07/84 25M	BP	24 E	Buri JNERAL DIR	al	112/	30/85	E	Athens	Cem		7 25a. DALE	At	hens		erce		W.	VA	
ALK.	DHMH - 17 (VR A15 ME (5))	14 11	NAME		Fum	ADDRES:		1.7 - 7 - 3	0 m E		COU. CLASE		T Core	9	GISTRA Lekan	Devid	MATUR	Ω.	
	(AU MID IME (D))	-	THE	Huntt	rune	rar H	ome.	wald	OPI,	MD		A 4"		0	* 1	0.400	and and	Lather	

es l'assessi la l'acceptation de l'acceptation de la company de la compa and a more and a second dentification of Landers done both

			FOR					MARYLAND H AND MENTAL HY	GENES	3 5	1 5
	364052		STATE REGISTRAR		ME	DICAL EXAMIN	ER'S	CERTIFICATE OF	DEATH	REG. NO.	
	1		CEASED NAME	FIRST		WIDDLE		LAST	20. DATE KNO	OWN MONTH	
	A 8. 8. 8. 8.		d	20/2		Coffem			DEATH MA	ATED 0/2	17.1985 M
1	RY, PLEA DIRECTO OUR FILE 772 HOU ON STREE	F	male Bit	ant .	DATE OF BIRTH DAY	YEAR 6. AGE (IN YEAR LAST BIRTHDA	Y) MONT	NDER 1 YR. IF UNDER 24	HRS. 2c. DATE PRONOUNCE DEAD	12-1	7 1985 TO M
1	A PARTY A		RTHPLACE (STATE OR REIGN COUNTRY)		. CITIZEN OF WI	HAT COUNTRY?	8. MARR	RIED NEVER MARRIED		ECITY OR COUN	
	San T	1	S	.C.	U.S.			WED TO DIVORCED		e George	MD.
	A STATE OF THE STA	P	TY OR TOWN OF DE Cheverly	1	D NOWN SUCH FA	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Sens	a 1 Horas	Homema	LIFE)	Own Home
	5 59550 V		L RESIDENCE (IF IN NO	ISING HOME OF O	THEP INSTITUTION, GI	130. CITY OR TOWN	,		3e. STREET ADDRESS	4	19999
	# F F F F F F F F F F F F F F F F F F F		D.C.		N/A	Washingt	on		5045 Jus	t St., N	f.E.
	NO SON THE	14, F/	THER'S NAME FIRST		AIDDLE	LAST		15 MOTHER'S MAIDEN	NAME		LAST
H	S S S S S	16e. V	John VAS DECEASED EVER	IN U.S. ARMEI	D FORCES?	Bobo	NO	Caroline 17. INFORMANT		(Unk	nown)
	E EARLES	(Y	NO OR UNKNOWN)	(IF YES, GIVE WAI	R OR DATES)	Unknown		Julius Sn			St., N.E.
	- X 88.		18 CAUSE OF DEA	TH (Enter anly a	one cause per M	far (a), (b), and (c).)			1		APPROXIMATE INTERVAL
	ESTON ST., IN 24 HOUR IN 17EM 18. IN INTEM 18. ISIT PERMIT. HYGIENE, DI		PART I DEATH V	IMMEDIATE (CAUSE (6)	tono sel	rol	to auder	mules	anna	
	MATIN AND AND AND AND AND AND AND AND AND AN		Canditians, if	any which	DUE TO, OH	AS A CONSEQUENCE C)F				
	OI W. PREST TED WITHIN V PENCIL IN XAMINER A AL-TRANSIT MENTAL HY N, OR REMC	-	gave rise to cause (a) stating	immediate	(b)	AS A CONSEQUENCE C)E				
	ZOI V		lying cause last		(c)_	AS A CONSEQUENCE C	,,				
	DIVISION OF VITAL RECORDS, 2011 IS CERTIFICATE SHOULD BE EXECUTED WRITING THE WORD "PENDING" IN PARED TO THE CHIEF MEDICAL EXALGES SHOULD BE USED AS A BURIAL-TIEDEPARTIMENT OF HEALTH AND ME 201 PRIOR TO BORNIAL, CREMATION,		PART 2 OTNER SIGNIFICAL	NT CONDITIONS CON		BUT NOT RELATED TO THE TERMI	NAL OISEAS	SE OR CONDITION GIVEN IN PART	l (a),		
	RECORDS, TD BE EXECTED BE EXECTED BE EXECTED BE EXECTED BE EXECTED BE AS A BUILD BE AS A BUILD BE AS A BUILD BE EXECTED BE EXECTED BE EXECUTED BE EXEC	CERTIFICATION	19a, DATE OF OPER	ATION	Tial CONIDI	HOLLEGE MUNICUL OPEN					
	SHOULD ORD "PELONE AND TO SHOULD ONE "PELOSED A TIT OF HEAD OR TO SHOULD OR TO SHOULD OR THE SHOULD OR THE SHOULD OR THE SHOULD ONE	F.	170. DATE OF OPER	ATION	IVB. CONDI	TION FOR WHICH OPER	ATION V	VAS PERFORMED?			20 AUTOPSY?
	OF VM OF VM FE WORF THE COUNTINE COUNTI	E	210 EXTERNAL CAU	ISEWAS	21b. TIME OF		21c. H	IOW INJURY OCCURRED	ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PA	YES NO P
	S S S S S S S S S S S S S S S S S S S		UNDERLYING CONTRIBUTING			. MONTH DAY YEAR					
	DIVISION S CERTIFIC RETING TH RES 3 SHOU E DEPART OI PRIOR	MEDICAL	214 IN IURY OCCUR	RED	21e PLACE			OCATION STREET	CITY OR TOWN		
	DIVIS THIS CER WARDED PAGE 3 SI TATE DEP	2	WHILE NOT AT WORK	VORK	JAKET, FAC	TORY, PARM, ETC.)		STREET	CITORIOWN		DUNTY STATE
	111 = 10				of the remains des	cribed abave, held an	Autop	psy , Inspection	Inquiry	, and in my a	pinion
	EXAMINER: CERTIFICATI OULD BE FOR I, WITH THE! MARYLAND,		death resulted from	n: Notural	couses .	Accident , Sui	cide _		Undetermined manne	r 🔲,	
	EXAA CERTI OULD B U, WITH WARY		ACTUAL (7	Lucius	5 PX)		TITLE (SPEDEPUT	у	DATE	11-17-54
	E SE	/	SIGNATURE	/ region	1.182	mynes		A.D	_MEDICAL EXAMINE		ED
	TO MEDICAL EXECUTE THE COPAGE 4 SHOULD FOR THE COPAGE 4 SHOULD FOR THE COPAGE AND AFTER DEATHWORE, W.		EXAMINER'S NAME (TYPE OR PRINT)	Aug	usto P l	Rodriguez, M	1.D.	ADDRESS5009	Rayburn Ct	., Templ	e Hills, Md
	PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	23 B	URIAL CREMATION,	REMOVAL 23b.	DATE /	23c. NAME OF CEM			23d. LOCATION CITY OR TOWN	COU	JINTY STATE
4	144BP144	26.5	JNERAL DIRECTOR	12	121/85	HARMONY	M	EH. PARK	LAMBOVER	P. G.	MD.
1	DHMH - 17				ADDRESS	25- BURBOUGH	1.	250. DATE	C 2 4 1985	Sb. REGISTRAR'S	SIGNATURE
	(VR A15 ME (5)) 15M 2/80	~	O. WASHING	2/01/4 0	DMS 492	CS BURGEUGH	5 19 (1)	L. M. C.		U	



BALTIMORE, MARYLAND 2136

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST

	DEPARTA	MENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH		5. NO.	š 4. l	1	
	MIDDLE	- 1	AS?	20. DATE OF DEAT	H MONTH	DAY YEAR	26 HOU	
d	Eric	Co	oleman	December	1, 198	5	10:4	5P _M
RACE		5 DATE C		6 AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER	
Wh	ite	June	26, 1918	67	YRS	MONTHS DAYS	HOURS	MIN,
CITIZEN	OF WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CIT	Y OR COUNT	Y OF DEATH		
U.S.		WIDOWE	D DIVORCED	Prince G	eorge!	s County		MD.
	OF HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUP		126. KIND C	F BUSINE	SS OR
Pr.	Geo. Gen. H	lospit	al	Auto Mech	nanic	Manha	ttan	Ant
	136. CITY OR TOW COME Edmon	N	13d INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NA/			oe St. 2078	1	f. b., f. A.,
DLE	LAST		FIRST	WIDDI	E	LAS	T	
	Coleman	n	Charlotte	2		(Un	knowr)
D FORCE			Edith M. Co.		e) Sam	e as #1	3	
one cous BY: CAUSE (c	e per line for (a), (b), and b) Myo Car	0 -	0 - 0	1.			MATE INTER	/AL DEATH
DUE TO	O, OR AS A CONSEQUE	NCE OF	stery dis	ease.				
DUE TO	O, OR AS A CONSEQUE	NE OF C	orons.					
NDITION	IS CONTRIBUTING TO E	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR C	ONDITION G	IVEN IN PART 10	0	

PART 2 OTHER SIGNIFICANT CONDITIONS

90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED ACCIDENT WAS UNDERLYING

P.M

21e. PLACE OF INJURY

TIME OF INJUR 21c. HOW INJURY OCCURRED HOUR A.M. MONTH

20a AUTOPSY?

IN CERTIFYING CAUSES OF DEATH? YES NO [

20b. IF YES, WERE FINDINGS USED

ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2

21f. LOCATION

COUNTY STATE

saw the deceased alive on ew the body ofter death. 22b. SIGNATURE

DEGREE

ATTENDING PHYSICIAN DIRECTOR PHYSICIAN

MEDICAL

and that in (my) (our) opinion death accurred an the date and hour and from the causes stated

22c. DATE SIGNED Dec.2,1985

22d. PHYSICIAN'S NAME (TYP

22e ADDRESS

Ramon R. Tuli. M.D.

3601 Taylor Street - Brentwood, Maryland 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION

Burial 24 FUNERAL DIRECTOR

(SPECIFY)

23a. BURIAL, CREMATION, REMOVAL

FOR

- STATE REGISTRAR DECEASED NAME TYPE OR PRINT

male

COUNTRY

Cheverly

Maryland

IYES. NO OR UNKNOWN)

4 FATHER'S NAME

TO. BIRTHPLACE I STATE OF FOREIGN

10 CITY OR TOWN OF DEATH

Washington, D.C.

Clarence 160 WAS DECEASED EVER IN U.S. ARMED FORCES

Yes-Army

Conditions, if ony, which

gove rise to immediate couse (o), stoting the

underlying couse lost.

ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTI ISO. STATE

18 CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY

3. SEX

CERTIFICATION

Raymond

4. RACE

7b. CITIZEN

11. NAME C (IF NOT IN

Prince Ger

MIDDLE

(IF YES, GIVE WAR OR DATES

W.W. II

IMMEDIATE CAUSE (o).

P.G. Maryland Veterans Cem. Cheltenham Maryland 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

0

BP

MPORTANT:

Gasch's Sons F.H. P.A. Hyattsville, Maryland

23b. DATE

12/5/85

22a I certify that (I) (this haspital) attended the deceased from

· freeze

700 Colomba Lecenter 1, 1981 11: IT.

in the domain the salma

street nie was accim

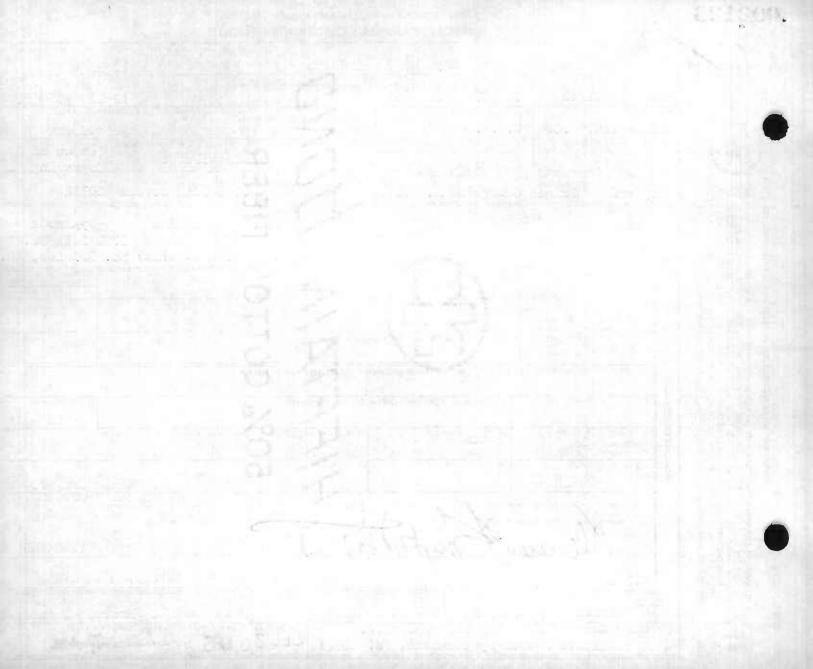
P. Taschia Cond T. R. M. Marting Ile, Marriage

A A SECOND AND MORE

Disfers , bookings - toott - noive for

x (0ec.2,1995

STATE OF MARYLAND .002123 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWNXX MONTH (TYPE OR PRINT) Collins DEATH MATED Donald Ray 12 - 2319 85 4 RACE 5. DATE OF BIRTH 6 AGE LIN YEARS | IF UNDER 1 YR 74 HOUR SEX IF UNDER 24 HRS DATE PRONOUNCED 10:45 09 1959 26 Male White 01 DEAD 1985 a. M 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIED NEVER MARRIED X Washington, D.C. U.S.A. Prince GEorge's County, DIVORCED [126 KIND OF BUSINESS BUTTERNIES 10 CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Distributor Prince George's General Hospital Cheverly Engraving Prince George's Mt. Rainier 13d. INSIDE CITY LIMITS? 3703 36th Street 20712 Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME James oral Eunice Synamone Collins Florine 3703 36th St. 17. INFORMANT ADDRESS 166. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? James O. Collins (Father) Mt. Rainier, Md. Unavailable 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Gunshot Wound of Abdomen DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T (a 190 DATE OF OPERATION ICATE, WRITING THE WORKE FORWARDED TO THE CHIEF A TOR: PAGE 3 SHOULD BE USED. I THE STATE DEPARTMENT OF HE 19h, CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES KX NO 216. TIME OF INJURY
HOUR XXX MONTH DAY YEAR 210 EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 UNDERLYING XXOR CONTRIBUTING CAUSE OF DEATH 11:4 APLAPM 12-22 1985 subject was shot by police 21e PLACE OF INJURY (AT HOME EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 B STREET, FACTORY, FARM, FTC.) NOT WHILE XX AT WORK AT WORK 3215 Rhode Island Ave., Mt. Rainier, Prince street George's Co., Ma. Autopsy XX 220. I certify that I took charge of the remains described above, held an Inspection Undetermined manner death resulted from TITLE (SPECIFY) Assistant MEDICAL EXAMINER 12-24-85 EXAMINER'S NAME 111 Penn St., Balto., Md. 21201 Dennis F. Smyth, M.D. 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236 DATE 12/27/85 Tellicoe Cemetery Buria1 Madisonville Monroe Tennessee 07/84 25° DATE REC'D. BY REGISTRAR J 25° REGISTRAR'S SIGNATURE DEC 30 1985 25M Francis Gasch's Sons Funeral Home, P.A. **DHMH - 17** 4739 Baltimore Avenue Hyattsville, Md. 20781 (VR A15 ME (5))



		110	PHIS 14 & 13	5/8/8	o mico fall	EPARTMENT OF	HEALTH	AND MENTAL	HYGIENE	3	5 4	1 4	
00	105		REGISTRAR		MED	ICAL EXAMIN	IER'S C	ERTIFICATE (OF DEATH	REG.	NO.		
UU	3125		CEASED NAME	har &	HARLES	MIDDLE	ons	CONNI	2K	ATE KNOWN OF ESTI- EATH MATED	Dec	DAY YEAR 4 1985	2b. HOUR
	NECESSARY, PLASE UNERAL DIRECTOR. FOR YOUR FILES. WITHIN 72 HOURS RESTON STREET.	3. SEX			S. DATE OF BIRTH	YEAR 6 AGE (IN YEAR LAST BIRTHE		DER T YR. IF UNDE	MIN PRO	DATE NOUNCED DEAD	12-14	DAY YEAR	1646 Chrum
	MECESSA JNERAL FOR YOUTHIN	FO	RTHPLACE (STATE OR REIGN COUNTRY) rginia		76. CITIZEN OF WH		8. MARRIE	ED NEVER MARK	SIED L	ince Ge	-	OF DEATH	MD
	BEER	1	TY OR TOWN OF DE	ATH	The Her	TAL NURSING HOM	ed H	A pelel	12a. USUAL C	OCCUPATION (1) DE WORKING LIFE)		OR INDUSTR	SINESS
21201	ANY AND 3 RETAIL HOULD	13a. S		13b. COUNTY		e residence before admiss 13c CITY OR TOWN Upper Mar	10 2 5	13d INSIDE CITY LIMITS? YES X NO	13e STREET A	MD-MOVELOW-	MEADOW	is is	
RE, MD.	A PM 3.		THER'S NAME FIRST		MIDDLE T. H.	CONNER		15. MOTHER'S MAID Rebecca		WIGGLE		LAST FOS	que
BALTIMORE, MD.	AND THE PARTY OF T		VAS DECEASED EVE ES, NO, OR UNKNOWN) NO	(IF YES, GIVE W		166. SOCIAL SECURIT		Elton Con	son ner-781	ADDRE 8 Karla		Wash M	ſd.
PRESTON ST., B	S S S S S S S S S S S S S S S S S S S		18 CAUSE OF DEA PART I DEATH V	TH (Enter only VAS CAUSED IMMEDIATE	CAUSE (9/ 57)	Erio sela		Cardely	muilo	v Lese	are	APPROXIMATE BETWEEN ONSET	INTERVAL AND GEATH
PRESTO	MITHIN 2 WCIL IN INER A RANSITA TA HYO R REMOV		Canditians, if gave rise ta	immediate	(b)	AS A CONSEQUENCE						AE.	
5, 201 W	CUTED VEHICLE IN PER IN		cause (a) statin lying cause last		(c)	AS A CONSEQUENCE							
RECORD	MEDICA ME	TION	19a DATE OF OPER			UT NOT RELATED TO THE TER			ART 1 (a),				
VITAL	SHOUL NOON TO THE BE USED	CERTIFICATION	210 EXTERNAL CAL		21b TIME OF			OW INJURY OCCURR	ED - CALVED ALAYUD		NA B - PV - CAR B - PV	20 AUTOPSY?	NO 📑
DIVISION OF	ERTHCATE S ING THE WO DO TO THE C SHOULD BE EPARTMENT PRICE TO BU	MEDICAL CI	UNDERLYING CONTRIBUTING	OR CAUSE OF DE	HOUR A.M.	MONTH DAY YEA	211 too		ED (ENIER NATOR	E OF INJORY IN SIEM	IBPARI I OKPARI	2)	
DIV	WARDER WARDER PAGE 3 STATE DE 21201 P	ME	WHILE NO.	WHILE		DRY, FARM, ETC.)		REET	CITY	ORTOWN	COUN	ΤΥ	STATE
	MINER: THICATE BE FOR ECTOR: THITHE INTAND.		22a I certify that death resulted fra			ribed abave, held an Accident , S	Autaps uicide,	Hamicide .	Undetermin		and in my apin	ian	
•	DICAL EX-		ACTUAL SIGNATURE	Legar	no Pto	Luger V.	W)	DDeput	MEDICAL	EXAMINER		12-15	
	EXECUTE PAGE 4 TO FUNE AFTER DE BALTIMO	77- 81	EXAMINER'S NAME (TYPE OR PRINT)	1		driguez, M	/	ADDRESS		en Ct ,	Temple	Hills,	Md
07/84		239. B	BURIAL	KEMOVAL 736	12/19/	85 LINC		CKEMATORY	23d LOCAT	SUITLAN	D MARYL	AND	ATE
25/M	BP		JNERAL DIRECTOR						REC'D. BY REG	ISTRAR 25b. RE			0
	DHMH - 17	ATI	EXANDER S	POPE	2617 PENN	ISVI VANTA A	VE S	R UE	0270	BE V	Marche -	00	U

No atempt

and the object of the plant of

the second with the second

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH

	5	5	9	Ca	U	
EG. N	10.					
ATH	HIMOM	DAY	YEAR	2b, 1	HOUR	

	T DECEASED NAME FIRST MARIA	ORSINI CONTE	AST	20. DATE OF DEATH MONTH	16 85 430PM
1	1 SEX	4 RACE 5. DATE O		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
- 1	Female	White Feb		72 YRS	MONTHS DAYS HOURS MIN.
1	Ttaly	76 CITIZEN OF WHAT COUNTRY? 8	NEVER MARRIED	PRINCE GEORGE	S COUNTY
9	CHEVERLY	11. NAME OF HOSPITAL, NURSING HOME OF PRINCE GEORGE SOURCE	R OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK EOR MOST OF WORKING LI Housewife	126. KIND OF BUSINESS OR
3	Maryland Pr	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) ATY 13t. CITY OR YOWN George District Ht		13e.STREET ADDRESS / ZIP COD 2206 Weber	E
0	Cesari	Orsini	15 MOTHER'S MAIDEN NAME CArol	inia	Bioccio
	160 WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECURITY NO. 579-88-7760	Umberto C	onte Same	as #13
	PART I. DEATH WAS CAUSE	D BY: DECAUSE (a) DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF	scuch Acci	OENT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1	PART 2 OTHER SIGNIFICANT OF COMMENTS OF CO	CONDITIONS CONTRIBUTING TO DEATH BUT ACTOR 196 CONDITION FOR WHICH OPERATION	Myocardial_	Tafactom 206 AUTOPSY? 206. IF YE IN CERTI	VEN IN PART To SS, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES
7	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ALUSE OF DEA	1	211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 10	
	22a I certify that (I) (the	(AT HOME STREET, EACTORY, OFFICE, FARM, ETC.) Tot) attended the deceased from	STREET, 19	to 16 Be	COUNTY STATE
,	276 SIGNATIONAL SIGNATURE	Skur to N	PEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	ur and from the causes stated
	MICHAEC	SCHWALTS	220 ADDRESS ZSON		50%0
	230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		EMETERY OR CREMATORY Hill Cemete	23d LOCATION CITY OR TOWN TV Suitland	PG Md
	24 FUNERAL DIRECTOR	E Wilhelm ADDRESS	DE (EREC'D. BY REGISTRAN 216. REGIS	TRAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

Funeral Home

FILLERSE 12 14 AC 27 14 AC , Ville James

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPAR

RTMENT OF HEALTH AND MENTAL HYGIENE	5	3	5	44	2	
CERTIFICATE OF DEATH	250 110					

		REGISTRAR			CALL OF PEACE	REG. NO).			
		CEASED NAME FIRST	MIDDLE	LA	AST .	26. DATE OF DEATH	MONTH DA	YEAR	26 HOUR	
	(Tieg	Joseph	n.	rnett		12-25-85			5:00 A	
	3 SEX		4 RACE			6. AGE LINYEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN	
1		Male	White	Febru	uary 28, 1917	68	YRS			
	7a. BIF	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARRIET	XX NEVER MARRIED	BALTIMORE CITY O	R COUNTY C	OF DEATH		
1	_	ntucky	USA WIDO		D DIVORCED	Prince Geo		County MD.		
0	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET A	ADDRESS)		120 USUAL OCCUPATION TYPE OF WORK FOR MOST O			FBUSINESSOR	
1		rt Washington	2909 Gosport Ct	t. P.G	6. Co., Md.	Army Map Se	ervice	US GO	overnment	
		TATE 136 COUN		N		13e.STREET ADDRESS	ZIP CODE			
1	-		George's Fort Wa	ashin		2909 Gospo	ort Cou	rt (20)744)	
2	K		MIDDLE LAST		15. MOTHER'S MAIDEN NAM	AE MIDOLE		LAST		
	-	lliam Cornett			Lucinda Bra		47		COLUMN TO	
F		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECUI	RITY NO.	17 INFORMANT	ADDRE	SS			
		Yes WI		513	Katherine B.	Cornett -	Same A	As #13	A-E	
		18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSE	ly one couse per line for 101, (b), one	dic	A. 1/2			BETWEEN C	MATE INTERVAL DISET AND DEATH	
	-		E CAUSE (o)	Me	Alex or	neer		44	ears	
			DUE TO, OR AS A CONSEQUE	NCE OF	P. 11.5	0		1		
	W	Conditions, if ony, which	(b)	Sero Relax			Heiler			
	-9	gove rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF								
		underlying couse lost	(c)							
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0									
7	CERTIFICATION	196 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED				
	IIFIC					YES T NOT	IN CERTIFY!	YING CAUSES OF DEATH?		
)	CER	210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY		21c HOW INJURY OCCURR					
-		OR CONTRIBUTING CAUSE OF DEA		YEAR	179 134 But 1					
	MEDICAL	21d INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	211 LOCATION					
H	M.	WHILE NOT WHILE I	(AT HOME STREET FACTORY, OFFICE, FA	ARM ETC)	STREET	CITY OR TO	ΨN	COUNTY	STATE	
		220 I certify that (I) (this haspit	tol) ottended the decemed from	10	19.8/	10. Dec 2) 19	85	hot (I) (we) lost	
		sow the deceased alive on	Nº2 19 8	and and	d that in (my) (our) opinion d	leath occurred on the do	te and hour o		- '' '	
		obove, (I) (we) (did) (did no: 27b. SIGNATUR	I view the gody divisioning	D	DEGREE			22c DATE	SIGNED /	
		Notice (al		ATTENDING PHYSICIAN		MEDICAL STAFF DIRECTOR PHYSICIAN		12/26/05		
1		224 PHYSICIAN'S NAME OFFICE	rging /	/	22e. ADDRESS	J DIRECTOR E THISTO	NI * L.	1		
		MARVEY	KATZEN M	1)	6525 Belcres	t Rd. #460	Hystts	ville	PG.CO., Md	
	23o. B	URIAL, CREMATION, REMOVAL	236. DATE 231. N	AME OF CE	EMETERY OR CREMATORY	23d LOCATION				
	В	urial De	dember 30, 1985	Maryl	and Veterans	Cemetery C	helter	ham, M	Maryland	
ì	24 FU	INERAL DIRECTOR Lee F	uneral Home, Inc	•	250 DAIE	REC'D. BY REGISTRAR	256. REGISTRA	AR'S SIGNATI	JRE 5 DO	

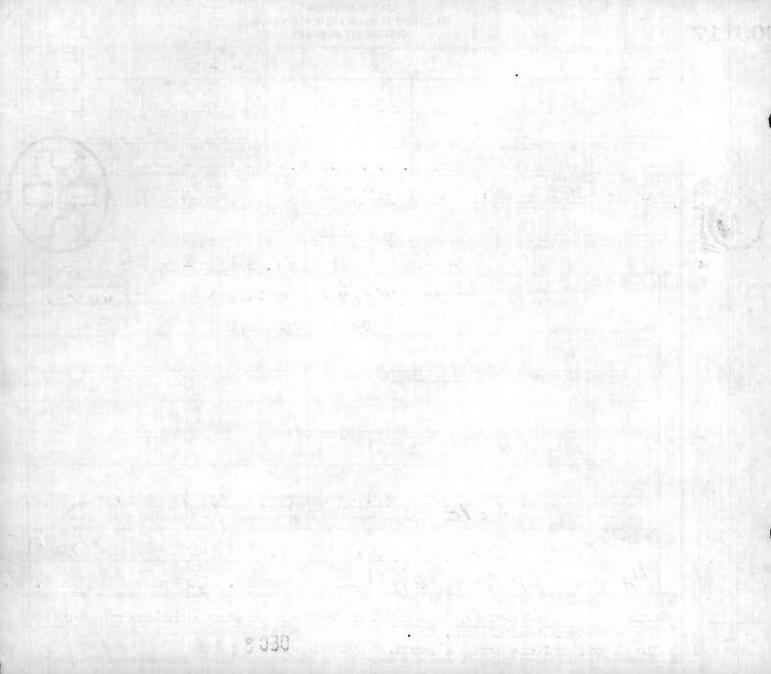
DHMH - 16 60M 7/84

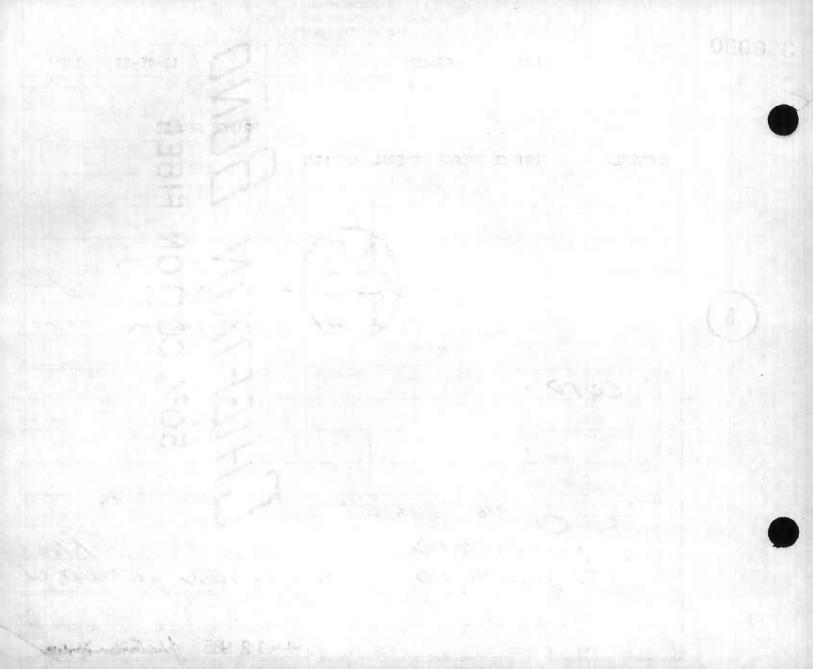
should be detached for use as

AH-16 60M 7/84 PUNERAL DIRECTOR Lee Funeral Home, Inc.

NAME
(VRA 15, 4) 6633 Old Alexander Ferry Road, Clinton, Maryland

250 DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE DEC 3 1 1985





STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAN REG. NO 20 DATE KNOWN L'EVENT COR FRIENCE OF ESTI-DEATH MATED DATE PRONOUNCED MARRIED NEVER MARRIED Maryland United States WIDOWED DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Har Inspector U.S. Gov't 136 COUNTY 134 INSIDE CITY LIMITS? 113e STREET ADDRESS Anne Arunde 15 MOTHER'S MAIDEN NAME LAST Frederick Otto Critzman Annie Marie 17 INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. Gladnor Rd. (YES, NO. OR UNKNOWN) LIE YES GIVE WAR OR DATEST 214-26-0524 Janice C. Critzman/ Pasadena, Md. 21122 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o Canditions, if any, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to THE DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? NO DO 7 In EXTERMAL CAU 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME 21f. LOCATION **714 INJURY OCCURRED** AT WORK | NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY 220 I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my opinion Natural couses Suicide Homicide Undetermined manner TITLE (SPECIFY) EXAMBLER'S NAME (TYPE OR PRINT) ADDRESS 23d LOCATION 23a BURIAL, CREMATION, REMOVAL 23b DATE 23C NAME OF CEMETERY OR CREMATORY COUNTY Burial Loudon Park Cemetery Baltimore. 07/84 -0 Maryland 25M 24 FUNERAL DIRECTOR ADDR3204 Mountain Rd. **DHMH - 17** (VR A15 ME (5)) McCully Funeral Home/ Pasadena. Md. 21122

DIVERSE 2013 (1) (1) (1) (1) (1) Salar Committee of the 1 13 12 Bess Language Contact Lance 12 Line Englished Lances To Contact Ad at Samplement, Paradon - 1 200 8 March at 12 THE description of the state of Section with the state of the Chrom a My of a fall Dage De: 392 many of the second of the Partie Marghay Parent Danie Daniel M. 21122

	- STATE M.Ex. C	111	MEDIC	AL EXAMINER'S	CERTIFICATE O	F DEATH	2 3 4 2	4
	DECEASED NAME	FIRST	MIDI		LAST	20 DATE KNOWN (MONTH DAY YEAR	26 HOUR
PAL DIRECTOR OUR FILES. THI W2 HOURS TO STREET.	TYPE OR PRINT)	BERNAD	FTTF	VIRGINIA	CYGAN	OF ESTI- DEATH MATED		M
3.8	SEX 4. RA	CE 5. DATE	OF BIRTH	6 AGE (IN YEARS IF U	NDER I YR. IF UNDER	24 HRS. 2c. DATE	MONTH DAY YEAR	24 1100K
N S S O E		hite June	21, 19	53 32 YRS.	10000	DEAD	12-7-85,	4:24F
A 8 E W 70	BIRTHPLACE (STATE OF FOREIGN COUNTRY)	Company of the Company	EN OF WHAT	MARI	RIED NEVER MARRI	ED 🔲	OR COUNTY OF DEATH	m+
	city or town of D		ted Sta	L, NURSING HOME, OR OT	WED DIVORCE	TZO USUAL OCCUPATION (TY	George's Coul	
上 で に に に に に に に に に に に に に	Beltsville	(IF NO	IT IN SUCH FACILITY,	ns Trail Apt.		FOR MOST OF WORKING LIFE) Unknown	OR INDUS	TRY
_ US	UAL RESIDENCE (IF IN	NURSING HOME OR OTHER IN	TITUTION, GIVE RES				20705	
4.47	aryland	Prince Ge		eltsville	YES X NO	11244 Evans	Trail #T-3	
00	FATHER'S NAME FIRST Bernard	MIDDLE		Cygan	IS MOTHER'S MAIDE	OWN MIDDLE	LAST	
g / 160	(YES, NO, OR UNKNOWN)	R IN U.S. ARMED FOR	ES)	SOCIAL SECURITY NO.	17 INFORMANT	ADDRES	SEdgewater, M	D21037
SAIS /	No			74-46-8316	Daniel R.S	Schauf 3875-Tw		
W.	PART I DEATH	ATH (Enter only one com WAS CAUSED BY: IMMEDIATE CAUSE		o), (b), and (c).) Multiple Sci			APPROXIMA BETWEEN ON:	SET AND DEATH
CAMINER ALC CAMINER ALC IL-TRANSITS MENTAL PITO COR REMOV	Conditions, if gave rise to cause (a) stati lying cause los	ony, which immediate ang the under-	(b)	CONSEQUENCE OF				
HEALTH AND ALL, CREMATION		ANT CONDITIONS CONTRIBUTION	(c) IG TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEA	SE OR CONDITION GIVEN IN PAR	RT 1 10		
PARTMENT OF HEALTH	190 DATE OF OPE	RATION	b. CONDITION	FOR WHICH OPERATION \	VAS PERFORMED?		(HEAD YES D	ONLY)
	. LINIDEDIVINIC		b. TIME OF INJU HOUR A.M. MC	JRY DNTH DAY YEAR	OW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM 1)		, NO []
MEDICAL	21d. INJURY OCCU WHILE DO AT WORK AT	RRED T WHILE WORK	e PLACE OF IN STREET, FACTORY, F		OCATION STREET	CITY OR TOWN	COUNTY	STATE
ARYLAND,	22a I certify that death resulted from			dent , Suicide	, Inspection , Homicide ,	Undetermined monner	ind in my apinian	
BALTIMORE, MARYLAN	ACTUAL SIGNATURE	X	0		Assistant		DATE 12-8-85	<u> </u>
NI TIN	EXAMINER'S NAM (TYPE OR PRINT)	REMOVAL 236 DATE	y R. Ka	uffman, M.D.	ADDRESS	enn Street		
2	(SPECHY)	12-11	-1985	Lee's Crema		Washington, D	istrict of C	olumbi.
	FUNERAL DIRECTOR					ECD. BY REGISTRAR 256 REG		

Wern 18 1014 . Tune 21, 1013 32

Rrie, Tantylronia United States

110203

Unknown

No more George Pelisvile x llous grans Trail 'T 3

Rernard 7,7 an Unlucin

Note of the second of the seco

STATE OF MARYLAND

REGISTRAR		CERTIFICATE	OI DEATH	REG. N	0.		
ASED NAME FIRST ALORE	Lafaya	tta Dall	ton	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR 23.7
	2	The second of the later of the		AGE (IN YEARS LAST BIR		UNDER I YEAR	# UNDER 24 HPS
MALE	CAUC.	5"DATE OF BIRTH	当江	72		NIHS. DAYS	HOURS MIN
BIRTHPLACE (STATE OR FOREIGN COUNTRY) Virginia	76 CITIZEN OF WHAT COUNTS	MARRIED N	EVER MARRIED DIVORCED	9. BALTIMORE CITY OF		EDEATH WITH	,
LAUREZ	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR CROSTER LAUREL	SING HOME OR OTHE	RINSTITUTION HOSPITAL	120 USUAL OCCUPAT	ION		of BUSINESS O
	oward 136 CITY OR TO	13d IN:		139ZT5OWES	Key Bo	ottom	20707 Rd.
Alfred	MIDDLE Dalito		Gilley	™an	e	LAS	ıt.
WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) YES WWI	BUE MAR OR DATES	2-5275 E1	ormant len Dalt	on same	as 13e		
PART I. DEATH WAS CAUS	nly ane cause per line for Ia1, (b , ED BY. (TE CAUSE Ia)	WE HEART	PAILURE			APPROXI BETWEEN C	MATE INTERVAL ONSET AND DEATH
Canditions, if any, which	DUE TO, OR AS A CONSECUTION (b)	DUENCE OF LIMONALE				484	RS
cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEC (c) CHPONG					YEAR	es
PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO			INAL DISEASE OR CON	DITION GIVEN	IN PART 110	a
190 DATE OF OPERATION	196 CONDITION FOR WHI			200 AUTOPSY?	20b. IF YES, V IN CERTIFYIN	NG CAUSES	NGS USED OF DEATH?
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	ATH HOUR A.M. MONTH P.M.	DAY YEAR		RED (ENTER NATURE OF INJU			
21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE		STREET	CITY OR TO	WN	COUNTY	STATE
saw the deceased alive a	n 12.6.5 19		n (my) apinion o	, ta death occurred an the de			that (I) (we) lo couses stated
Baradenna	when	DEGREE	ATTENDING PHYSICIAN	MEDICAL STAI	F IAN []	12.6	SIGNED
T.A. DADISMA	N TR MO	TUE	KARL NOR	74 DR. CO21	MBIA 1	mo 2	1045,
BURIAL CREMATION, REMOVA Cremation		Balto. Wa		123d. LOCATION natory Lau	rel 1	PUNTG.	Md¹.

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

12/7/85

Balto. Wash. Crematory Laurel

Md".

7601 SAMBY SPO. R. 250 DATE REC'D BY REGISTRAN 256 REGISTRAN'S SIGNATURE LAUREL, MD. 20707 BEG 11 1885

- - GGB Page Cold Tubble

STATE OF MARYLAND 351146 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH 2b. HOUR DECEASED NAME IF UNDER I YEAR IF LINDER 24 HRS 4 RACE DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 1.5EX HOURS MONTH DAY YEAR 9 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE I STATE OF FOREIGN MARRIED NEVER MARRIED DICHS DIVORCED [(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 13e.STREET ADDRESS / ZIP CODE 12015 Viers Mill Road Maruland uheaton 20906 15 MOTHER'S MAIDEN NAME ADDRESS 55 So Church Street Cliston Heights, Pa. 19018 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o Canditions, if any, which gave rise to immediate couse (o), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 200 AUTOPSY IN CERTIFYING CAUSES OF DEATH? NONE NO YES [710. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 211 LOCATION 21a PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM ETC) STREET NOT WHILE 220 I certify that (1) (this hospital) attended the deceased from 19 8 saw the deceased alive an 2 bobove, (1) (we) (did) (did not) view the body after death _, and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated III. SIGNATURE 22c DATE SKIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 23d LOCATION 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL CITY OR TOWN Dec. 12, 1985 Gate of Heaven Cemetery Mt. Pleasant N 24 FUNERAL DIRECTOR Francis J. Collins Jr. DHMH - 16 50M 4/83 4-mi vairdson-Mandalle 500 University Blvd. W. Silver Spring. Md. (VRA 15, 4)

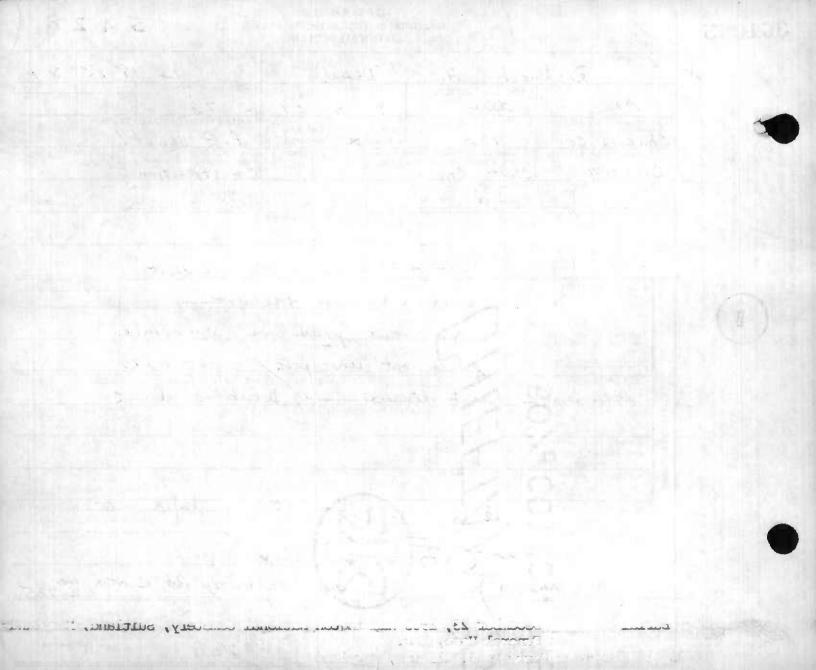
the state of the second st Consult In Processing VIVE AROUGH A VICE 57 N36 Ouclear Bull We y Proposition But to 57 2/6 5/2 2 55 12/6 55 Parl of Dellage MD 423 Charling Band Fill

(VRA 15, 4)

Designation South Black wash wash them. Help A DE ORDER STORY OF ANY THE WARRENCE STORY

6638 Old Alexander Ferry Road, Clinton, Maryland

(VRA 15, 4)



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

REGISTRAR			CERTIF	ICATE OF DEATH		REG. NO.			
1. DECEASED NAME FIRST	N	AIDDLE	L	AST	20 DATE C	OF DEATH M	ОМТН	DAY YEAR	26 HOUR
Thelma		C.	Dea	an	Dece	mber 2	3, 19	985	10:00A,
3 SEX	4 RACE		S. DATE C			YEARS LAST BIRTH	DAY)	IF UNDER I YEAR	IF UNDER 24 HRS
Female	Cauc.		Buth	23 10	75		YRS	MOISTING DATE	MIN.
To. BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	a D NEVER WARRIED	9 BALTIM	ORE CITY OR		OF DEATH	
Wash. D.C.	USA		WIDOWE	D NEVER MARRIED !		ce Geo	rge		MC
IL CITY OR TOWN OF DEATH			G HOME C	OR OTHER INSTITUTION		OCCUPATIO			F BUSINESS OR
Forestville		Nursing				ewife	WORKING LI	at h	ome
TAXALFIELDEN EL URSING HOME 136 COL Pr.	OR OTHER INSTITUTION		ADMISSION)	134 INSIDE CITY LIMITS!	? 13e STREET	ADDRESS / :		d Lane	20716
A FATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN	NAME	WIDDIE		LAS	
William	P.	Runyon		Janie		MIDDLE		Cox	
160 WAS DECEASED EVER IN U.S. A		166 SOCIAL SECU	RITY NO.	17 INFORMANT	F. (1)	ADDRES	S		
NO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES)	578-28-2	285	Joseph Dear	n same a	as item	13		
PART I. DEATH WAS CAUSE IMMEDIATE Conditions, if any, which gave rise to immediate cause Iol. stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	DUE TO, OF DUE TO, OF DUE TO, OF CC T CONDITIONS CO	c	ENCE OF	NOT RELATED TO THE TE	ERMINAL DISEA	TOPSY?	20b. IF YE	S, WERE FINDI	NGS USED S OF DEATH?
210. ACCIDENT WAS UNDERLYING	21b. TIME O	FINIURY		21c. HOW INJURY OCC	URRED (ENTER	NO X		ES DEPART 2)	NO 🗌
OR CONTRIBUTING CAUSE OF C	DEATH HOUR A./	M. MONTH DA M.	AY YEAR 19		10 100				
21d INJURY OCCURRED	21e PLACE C	DE INJURY EET, FACTORY, OFFICE F	ARM, ETC)	211 LOCATION STREET	F 34	CITY OR TOW	N	COUNTY	STATE
220. I certify that (I) (this has saw the deceased after above. (I) (was ided) (did.) 22b SIGNATURE William K.	Ment (EORPRINT)	Dust	, al	nd that in (my) (aur) opini DEGREE ATTENDING PHYSICIAN 22e ADDRESS 11701 Livir	MEDICAL DIRECTO	STAFF	AN 🔲	22c DATE	SIGNED
BURIAL, CREMATION, REMOVA (SPECIFY) Cremation	12/27/			EMETERY OR CREMATOR	23d LOC	ATION TY OR TOWN		COUNTY	STATE

DHMH - 16 60M 7/84

24 FUNERAL DIRECTOR

(VRA 15, 4)

George P. Kalas Funeral Home Oxon Hill, Md.

Metropolitan Crematory

6160 Oxon Hill Rd. 250 Dale Rec. D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

100 1985

							200
		n.	91		English:		
		OR C		.ouen		elder.	100
~~	79 i 1				0 4	No.	
o'.	luo ini			Montella)	ellie	t a	94
ting and bining to	* * *	- 35	Miliwana			Sept.	
		int.	custour.		restill		
CT ent	no petan no	el deemol	8855677			on	· January of S
14 1 - 21							
			200				

350037

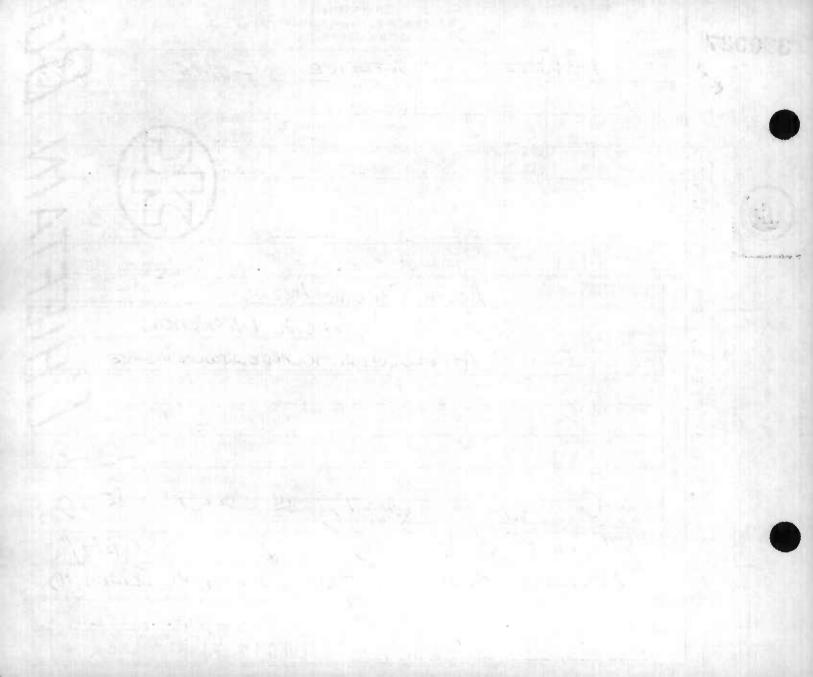
FOR			
STATE			

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5 4 3 0

	1 -	REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.	13.3		
1		CEASED NAME P	4378	UALE	AIDDLE D	E	TRICE	20 DAT	-07-85	ONTH D	AY YEAR	838
1	3 SEX	(4. RACE		5. DATE C		6 AGE	(IN YEARS LAST BIRTH		IF UNDER I YEAR	HOURS MIN
1		MALE		WHITE			ary 1,1925	60)	YRS.		
6		RTHPLACE (STATE OR FO	OREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8 MARRIEI	NEVER MARRIED	9 BALT	IMORE CITY OR	COUNTY	OF DEATH	
-		Haven, Co	nn	USA		WIDOWE		□ PF	RINCE GEO	ORGE '	S	MD.
固	10 CI	TY OR TOWN OF DEA	TH		HOSPITAL, NURSI		R OTHER INSTITUTION		UAL OCCUPATION			F BUSINESS OR
自		NTON		SOUTHER	N MARYLA	ND HOS	PITAL	MED1	CAL DOC	ror _	PVT.	
EXA	13a S		136 COUN	VTY	GIVE RESIDENCE BEFO 13c CITY OR TOV eTemple	WN.	13d. INSIDE CITY LIMITS?	? 13e.STR 490	eet address / : 00 Daltor	zip code n St.	207	748
H	14. FA	THER'S NAME	1	WIDDLE	LAST		15 MOTHER'S MAIDEN		WIDDLE	4	LAS	ST.
GAI		Joseph		DE	FELICE		JOSEPHI	NE .			GELLA	1 - 1 - N
D	16a W	VAS DECEASED EVER I			166 SOCIAL SEC		17 INFORMANT		ADDRES			- 15
MED	Y	(ES NO OR UNKNOWN)	WW	2 WAR OR DATES)	047-14-	9943	Mrs. Glydon	n A. I	æFelice,	, same		
7		18 CAUSE OF DEATH PART I. DEATH W.	I Enter on	ly one couse per	limitor (a), (b), a	ind ic.	0-1/0	00 100			BETWEEN	IMATE INTERVAL ONSET AND DEATH
DEPUTY		PARI I. DEATH W	IMMEDIA	E CAUSE (o)	MCUTE	CA	RDIAC AR	KEZ.	T		42-34	
Image: Control of the				DUE TO, OI	R AS A CONSEO	JENCE OF	YOCARDIA	h /1	FARCT	2001		
,		Conditions, if ony,		10,						-		
EZ		couse (a), stating	g the	DUE TO, O	RASA CONSEQU	UENICE OF	LEROTICC	Alma	M. Cress A.G	Dises	Ac-	
no												
DRIQUEZ	Z	PART 2. OTHER SIGN	IIFICANT (CONDITIONS <u>CC</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	ERMINAL DIS	EASE OR CONDI	TION GIVE	N IN PART 1	5
華	CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a /	AUTOPSY?		, WERE FINDING CAUSES	
0	RTIF			2 01 71150	C INTUINA		In. How bulley occ	YES				NO 🗌
AUGUST		21a. ACCIDENT WAS UND	_		M. MONTH [DAY YEAR	214 HOW INJURY OCC	LUKKED (EN	ER NATURE OF INJURY	IN ITEM 18 PA	ART 1 OR PART 2)	
9	WEDICAL	(IF EITHER NOTIFY MEDIC				19	211 LOCATION					
A	WED	WHILE NOT WHI		21e PLACE	DE INJURY BEET, FACTORY, OFFICE	FARM ETC)	STREET		CITY OF TOWI	N	COUNTY	STATE
DR.		AT WORK	1			1)=	9	26	DEC 7		85	. 0
		sow the decease	d alive on	Dec 7	e deceased from	N.	nd that in (my) our) opini	ion death oc	curred on the dot	e and hou	ond from the	couses stoted
BY		226. SIGNATURE	id) (did no	t) view the body	other death.		DEGREE	,			22c. DAYE	SIGN A
8		1/21	eu	U /	seitel	e v	4) ATTENDING		CAL STAFF TOR PHYSICIA		12/-	7/85
LEAS		22d PHYSICIAN'S NA	ME (TYPE C	RPRINT)	BERTE	LEMD	7501 .	SURK	PATTS R	D. G	Sindon	I, MD
R	- (BURIAL, CREMATION, 1 SPECIFY)		Dec.11	,85 RE	SURREC	EMETERY OR CREMATOR	ERY	CITY OR TOWN LINTON, I			
34	24 FL	NERAL DIRECTOR L	EE FU	NERAL H	OME, 663	3 Old	Alexander 250 [DATE REC'D.	BY REGISTRAR 2	IL REGISTS	RAR'S SIGNAT	URE
	14	FERRY RO						EU 12	1985		ani-A	No Service

DHMH - 16 60M 7/84 (VRA 15, 4)



								MARYLAN					Field			
	1	FOR STATE			PEPART	MENT OF	HEALTH	I AND ME	NTAL H	YGIENE	5	3	5	4	5	
352043		REGISTRAR		MED	DICAL	EXAMIN	ER'S	ERTIFIC	ATEO	FDEATH		REG. NO.				
302030	1	CEASED NAME	FIRST		MIDDLE			LAST		2g. [DATE KNO		MONTH	DAY	YEAR 2	b HOUR
1	LTYP	E OR PRINT			-						OF ES	-	10	2.7		
E SERGAS		11010	Josep		R.	1 05		DeMeo,			EATH MAT		12	1119 DAY	85	N
1 2 2 2 2 2 3	3 SEX			5 DATE OF BIRTH	YEAR	6 AGE (IN YE			HOURS		DATE		IONIN	DAT		11PM
A FEET A	Ma	ile Cauc	asian	May 25, 1	.966	19 YF	RS.				DEAD		12	1119	85	TIPM
(数者と言葉 /	70 B	RTHPLACE (STATE OR		76 CITIZEN OF WH	IAT COUN	ITRY?	8ADD	ED NEV	ED AA ADDII	9. B	ALTIMORE	CITY OR	COUNTY	OF DEA	TH	
以 日本古古老 /	111200	REIGN COUNTRY)		TTCLA			WIDOW		DIVORCE	10000	Prince	Coo	ract	e Co	intu	
ZJ-S	410 C	Jersey TY OR TOWN OF DE	ATH	11. NAME OF HOSE	PITAL NU	RSING HOME				120 USUAL C	DCCUPATIO	ON LITYPE OF	WORK I	2b KIND		
PAGE FILED	1			(IF NOT IN SUCH FAC	CILITY, GIVE S	TREET ADDRESS)				FOR MOST	OF WORKING I			OR IN	DUSTRY	
当55mmが7		neverly				rge's (al Hos	spita.	Stu	dent			Scho	ol	
PEAS 3		L RESIDENCE (IF IN NU	IRSING HOME OF	OTHER INSTITUTION, GIV		OR TOWN	ON)	13d. INSIDE CIT	TY LIMITS?	13e STREET	ADDRESS					
SHOW.	Ma.	ryland	Pr. Ge	eorge's		wie		YES 🗆	NO K	15813	Pine	croft	t Lar	ne 2	20716	5
A STATE OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF T	14. F/	THER'S NAME						15 MOTHE	R'S MAIDE	NNAME						
BBBB95/	1	Tocanh		R.		Meo, S	γ.		ecca		WIDDIE			Nori	ega	
154/00-	116a V	Joseph VAS DECEASED EVER	IN U.S. ARA			IAL SECURIT		17. INFORM			Δſ	DDRESS-				
F #578/20	(Y	ES, NO, OR UNKNOWN	(IF YES, GIVE V							D-11-	Class	1581	.3 P.	meci	oft	Lan
A SAME A		NO	-		1 151	-44-14	60_	Josep	n K.	DeMeo,	Sr.	POMI	le, N	ש עני	20710	0
T WENT O		18 CAUSE OF DEAT	IAE CALIFED	y ane cause per line											XMATE IN	ND DEATH
A PERSONAL SERVICE SER	-	PARTIDEATH	IMMEDIAT	E CAUSE (a) Mu	ltip.	le inju	uries			1.00						
0 2 2 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	16	8150				SEQUENCE						777			177	
製 美三品の工会		Canditions, if														
A SAN SAN SAN SAN SAN SAN SAN SAN SAN SA		gave rise to cause (a) stating		(b)	AS A CON	SEQUENCE (26					Section 1			_	
E EZZZZZ		lying cause last.				.00000000000000000000000000000000000000										
2 3 3 3 3 2				(c)												
SCRETFICATE SHOULD BE EXER RETINGS THE CHIEF MEDICAL RES SHOULD BE USED TO THE CHIEF MEDICAL RES SHOULD BE USED AS A BU EDEPARTIMENT OF HEALTH AN DIT-PROS TO BURIAL CREMAT	-	PART 2 OTHER SIGNIFICAN	NT CONDITIONS C	ONTRIBUTING TO DEATH I	UT NOT RELA	TED TO THE TERM	INAL DISEAS	E OR CONDITION	GIVEN IN PAR	T1 (a).						
FCOR FNDIN AS A ITH	CERTIFICATION									-28						
AL BE	13	190 DATE OF OPER	ATION	196 CONDIT	ION FOR	WHICH OPER	ATION W	AS PERFORA	MED?		1114			20 AUT	OPSY?	
₹ 중점품공유량/	I	100												YES	DX.	NO 🗆
A SECTION OF	1 1	210 EXTERNAL CAU		21b. TIME OF	INJURY	DAY YEAR	21c. H	OW INJURY	OCCURRE	ENTER NATUR	E OF INJURY IN	ITEM 18 PAR	TIORPART			
N AND SEC		UNDERLYING X CONTRIBUTING	OR CALLES OF D	HOUR ASAN	MONTH	77 /		witton	in 21	140 /Fi	o Sor	nioat	i mm	act		
VISION TING T TING T TI	MEDICAL	21d INJURY OCCUR		21e PLACE C		offer offer 17		CATION	III a	uto/fi	keu o) Jec c	. тпр	act		
A BEREZ	N N			SIDEET BACT				TREET			Y OR TOWN		Caun	ALA		STATE
A A A A A A A A A A A A A A A A A A A		AT WORK AT V	VORK		road		122	00 Bl	s. Woo	odmore	Rd, M:	itche	11vi	lle,	P.G.	MD.
ST. S.	1	22s. I certify that	I taak charge	e af the remains desc	ribed abo	ive, held an	Autap	sy X.	Inspection	[]. In	auiry	and in	n my apın	nion		
Z D L C T		death resulted from		ATTENDED.	Accident	-	icide	, Hamici		Undetermin	. , —					
AE ONE S		dedili resolica irai	1		Heeldell		icide			Onderentin	ied manner					
203078	2	ACTUAL	An	()-NX				TITLE (SP		a+			DATE	10	/12/	OF
SHA SHA	4	SIGNATURE	(11/	The Man	_		M	.D. ASS	SISta	1tmEDICAL	EXAMINER	t	SIGNED		1121	85
NO N		EXAMINER'S NAME	71 >>	n M Dive	- M	D	-		111 D	own Ch	De	1 - M	. D			
TO MEDICAL EXAM TO MEDICAL EXAM EXECUTE THE CERTIF PAGE 4 SHOULD BI TO FUNERAL DIREC AFTER DEATH, WITH BATTIMORE, MARKY	1	(TYPE OR PRINT)	An	n M. Dixo						enn St		I CO.M	תי			
FOSF49	230.B	URIAL, CREMATION, P			-	NAME OF CEA	METERY O	R CREMATO	RY	23d. LOCAT	ION		COUNT	Y	STATE	MD
07/84 BP	-	urial	, D	EC 14, 19	85 Le	kemont	Mem									del,
25M DHMH - 17	24. F	UNERAL DIRECTOR	eat H	16000 A	nnan	olis Ro	na.d	2	50. DATE R	EC'D. BY REC		B REGISTE	RAR'S SIC	SNATURE		
(VR A15 ME (5))	Be	all Funer	1 Home	e Bowie.	MD	20715-	3043	1	DEC 1	6 198	0					

Maio Samenatan May 25, 1966 19

New Jersey L. U.A.

Logion and Made

Maryland at. depres'd Bowle 20116
Joseph J. Libbo, et. Rebucca Mortaga

NO ---- 151-H-1450 Wodurn H. DeMio, Sr. Dowit, WE 60(10

No. 1905 H. 1905 Layeront Menorial Carovas: Davidsonville, Anna armide No. 1 No. 1907 - 2001 Annapolis Load Duch lumer 1 Lore Loads, Mar 2015-3043

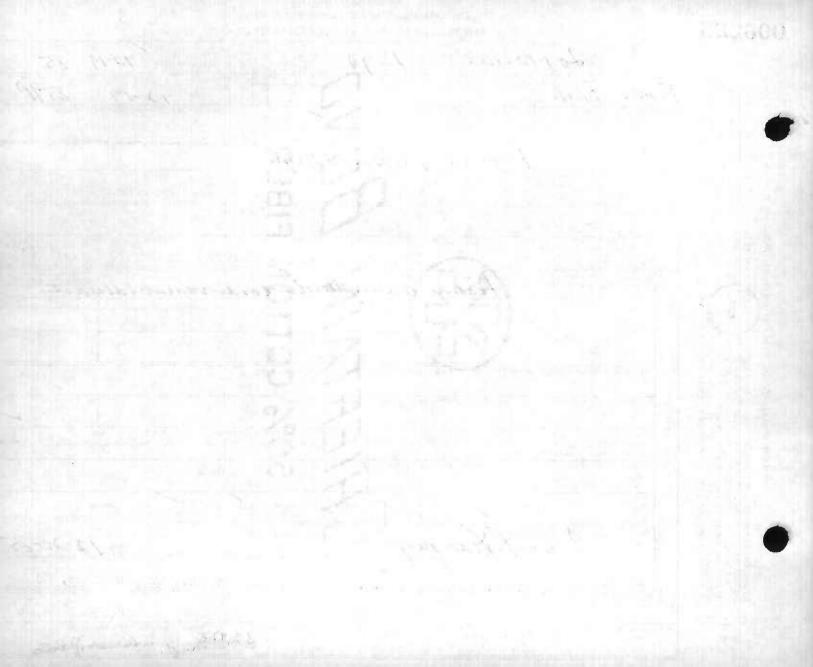
				STAT	E OF MARYLAND	- 4	No. 118	1 15
205005	1-	FOR STATE REGISTRAR	W. W.		REALTH AND MENTAL HY		3 5	5 2
365085	1.05		MIDDLE		IAST	REG. NO	AONIH DAY YEAR 26	
o 65		CEASED NAME FIRST	MIDDLE	7).	(1)	20. DATE OF DEATH W	0.00	HOUR
1 11		Mar garet	H	JR C	Stetano	Lecember	0101	X PM
(-)	3. SE		4. RACE	5. DATE	OF BIRTH H DAY YEAR	6. AGE (IN YEARS LAST BIRTH		UNDER 24 HRS.
1 1 1	1	emale	White	Lance	1 50 1615	80	YRS.	
11/4	7a. BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	DUNTRY? 8. MARRIE	ED ONEVER MARRIED	9. BALTIMORE CITY OR	COUNTY OF DEATH	
1 2		nary land	U.S.	WIDOW	ED DIVORCED	Mince	Georges	MD.
21 201	10 CI	TY OR TOWN OF DEATH	 NAME OF HOSPITAL LIE_NOT IN SUCH FACILITY, 		OR OTHER INSTITUTION	12a USUAL OCCUPATIO		ISINESS OR
38 270	1	an ham		a bard	ens Nursnaka	Managemen	t C&PTe	elephone
d be	USU. 13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 1 136. COUN	OTHER INSTITUTION, GIVE RESIDE	ENCE BEFORE ADMISSION) OR JOWN	113d INSIDE CITY LIMITS?	13e STREET ADDRESS /		
13 E	m	anyland Prince	0. 1/2		YES NO	1713	Topton St.	20789
25/2	34. FA	THEFS NAME	HODIE	LAST	IS MOTHER'S MAIDEN NA	WE WOOLE		
28 /3/	0			orris	Anna	MIOU	Sander	rs
3./17		VAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOC	TAL SECURITY NO.	17 INFORMANT	^924	12 Shelter Lar	ne
00' 0	100	NO	- 577-	01-1820	Shirleyann F	laherty Bow	ie, MD 20715	
31.4		II. CAUSE OF DEATH (Enter and	v one couse per line to A	or the and is a	- 0	4	APPEDISMATE RESPITEN ONSE	WITH THE PARTY OF A THE
P P P P P P P P P P P P P P P P P P P		PART I. DEATH WAS CAUSED	E CAUSE (a)	piran	n /mei	muils	thou	7
900		SWMEDIAII			- 1/2		11000	,
tend on o		Conditions, if any, which	DUE TO, OR AS A G	V9llu	· Mari	- Lynda	ne 7l	ers
100		gave rise to immediate) (6)		1 10.00	-		
14 to 15 to		couse (a), stating the underlying couse last.	DUE TO, OR AS A CO	ONSEDUENCE OF		/	/	
0.00		PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUT	TING TO DEATH BUT	NOT BELATED TO THE TEES	HINAL DISEASE OR COMO	CONCOREN IN PART I	
to the state of th	Z	Print 2 Office and the school of	CHEMICH'S CENTRIBLE	IN THE LOCAL PROPERTY OF	THO THE CHIED TO THE TEND	MITTEL DISEASE OR COTTO	HOW OWEN IN FART HO	
112 11	CERTIFICATION	1% DATE OF OPERATION	THE CONDITION FO	R WHICH OPERATIO	IN WAS PERFORMED	20s. AUTOPSY?	THE IF YES, WERE FINDINGS	USED
111/1/	꾩					The second	IN CERTIFYING CAUSES OF I	DEATH?
1104	12.	21s. ACCIDENT WAS UNDERLYING.	21k TIME OF INJURY		Tale HOW INJURY OCCUR	TES NOW	The state of the s	O LI
Sale and	0.70	OR CONTRIBUTING CALLE OF DEA	HOUR AM. MO	NTH DAY YEAR		The state of the	THE PARTY NAMED IN COLUMN TO PARTY NAMED IN CO	
3557	WEDICAL	214 INJURY OCCURRED	The second second second second second	19	ZII LOCATION			
£ 2 0 p	꾶		21e PLACE OF INJUR	PT, CHICK, TARM TICE	STREET	CITY CILTOW	COUNTY	STATE
9 to 0 to	13	AT HORS ON AT WINDER	1		1-1-07	10/1	2 16	_
857.5		22s.1 certify that (II (this hospit	all attended the degran	ed from		10 141	C 1000 /1/01	(We) fast
5000		store, () widdle did not) with the body after dea	th. 19 00	got that in (my) Late) opinion	death accurred on the date	r and hour and from the com	es stated
# 7 1 2		THE SICHALDREN		- (DEGREE LOV D.	Tablomoust &	M. D THE DATE SYCH	NED / a
771 1		1 /olen	ind	1	A PHYSICIAN	MEDICAL STAFF		100
FUNERAL old be den	1	224 PHYSICIAN'S NAME ITHE OF	(7894)		The ADDRESS	(1-	0 11	10
MPORTAN		1 SIHISTE	a MO		17500 orce	gway cor	pr arekal	bet regul
54334	73u !	URIAL, CREMATION, REMOVAL	123b. DATE	73t NAME OF C	CEMETERY OR CREMATORY	1234 LOCATION	To a system	
		Burial	DEC 27, 19	ACCOMPANY OF THE PARTY OF THE P	ton Nat'l Cem	CITY OF HOWIN	, Arlington,	Virginia
Р	24. FL	UNERAL DIRECTOR 1	1 1		-3.4 D.3 250. DA	TE REC'D. BY REGISTRARI2.	Sh'REGISTAAR'S AGMANA	Philip Line
- 16 50M 4/83 /RA 15, 4)		NAME SCOTCA		OOO Annap	OTIS Rd.	FC 27 1985	Sh' REGISTARIS LIGHT	2
, -,	T DE	eall Funeral Hom	<u>1e Bo</u>	wie. MD	20/12			

Smodgrafett. Hall Discongainan N. Managaran Discongainan N. Managaran Discongainan N. Managaran Discongainan Discongainan N. Managaran Discongainan STUMBER arroll effects enemy 10 --- 5, -01-1020 all apart date to 10 20/15 William Polymer Experience 7 Chill

Durish S. 27, 1965 Thin too Set'l Com. Arlington, Thington, Virginia 16000 Emapolis No. Bostl Labrel Bons - Lovie, M. 20715

gen serving the De Sel strong

		1						ARYLAND		Py.	.400	-7 7
00	6225	1-	FOR STATE REGISTRAR			DEPARTMENT OF I			DE DEATH	S	5 .	00
00		TIDE	CEASED NAME	Lorra		MIDDLE	41	Deyo	20. DATE OF DEATH	REG. NO. KNOWN ESTI- MATED	12-10	YEAR 25. HOUR
+ /	ARY, PLEASE DIRECTOR. OUR FILES. ON STREET,	For	male Bi	Life No	•	YEAR 6 AGE (IN YEAR LAST BIRTHD A	AY) MONTHS	ER 1 YR. IF UNDER		E ^	AONTH DAY	YEAR 7d HOUR
3/	IS NECESSARY, P. E FUNERAL DIREC E. 5 FOR YOUR F ED, WITHIN 72 H OF THE STON STE	FO	RTHPLACE (STATE OR REIGN COUNTRY)	76 CI	TIZEN OF WH	AT COUNTRY?	8 MARRIE	D NEVER MARK	RIED .	MORE CITY OR		EATH
	PAGE 5 F E FILED, W S, 201 W. 1	19. CI	strict of			ted States PITAL, NURSING HOME LUTY GIVE STREET ADDRESS	, OR OTHE		120 USUAL OCCI	NCE GOD JPATION (TYPE OF DRKING LIFE)	WORK 126 KIN	ID OF BUSINESS INDUSTRY
=	PANN PANN PANN PANN PANN PANN PANN PANN				INSTITUTION, GI	VE RESIDENCE BEFORE ADMISSK		· dall h			200	82
0.21201	SHOULD BE SHOULD	Ma	aryland	136 COUNTY P	G	-Landover		AND THE SE WANTED	2200 Mat	thew He	nson Av	renue
ORE, MD.	DEATH. III	Da	avid R. Fl			LAST		velma	EN NAME		ashingt	
ALTIMOR	AFTER I INE PAGE H FORM SION (SION (16a. V (Y	VAS DECEASED EVER ES, NO, OR UNKNOWN) NO	(IF YES, GIVE WAR OR		577-52-965		David E.	Fleming,	ADDRESS S Brother	eat Ple ,828 Bo	easant,Md.
RECORDS, 201 W. PRESTON S	WUD BE EXECUTED MEMBER 18 ""PENDING" IN PENDING IN PEND	Z	Conditions, if gove rise to couse (o) statin lying couse lost	immediate g the <u>under-</u>	DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEQUENCE OF AS A CONSEQUENCE OF THE TERM	OF OF	DR CONDITION GIVEN IN P.		estulor	direc	
ITAL REC	も名まりいる。	CERTIFICATION	190. DATE OF OPER	ATION	196 CONDIT	ION FOR WHICH OPER	ATION WA	S PERFORMED?	200			UTOPSY?
DIVISION OF VITAL	RTIFICATE SHOOT TO THE WOOD TO THE CONTROLLED BE SHOULD BE SHOULD BE SHOULD BE SHOOT TO BUT WEIGHT OF THE SHOOT TO BUT THE SHOOT THE SHOT THE SHOOT THE SHOOT THE SHOOT THE SHOOT THE SHOOT THE SHOOT	MEDICAL CERT	210 EXTERNAL CAL UNDERLYING CONTRIBUTING 214 INJURY OCCUP	OR CAUSE OF DEATH	P.M	MONTH DAY YEAR	21c HOV	W INJURY OCCURR	ED LENTER NATURE OF 1	NJURY IN ITEM 18 PART		
DIVIS	RETINE SERVICE SERVICE SERVICE DE 201 P	MEC	WHILE AT WORK AT W	WHILE -		ORY, FARM, ETC.)	STR		CITY OR T	NWC	COUNTY	STATE
•	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, W PAGE A SHOULD BE FORWATOF FOR THE FORMAT FOR THE STANDARD MARYLAND, 21:		27a. I certify that death resulted from ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT)	I took charge of the mean of the Matural country of the Matural Coun	P. Ro	driguez, M.		Homicide Title (SPECIFY) Deputy DDRESSOO R	Undetermined n	monner ,		- 20-85 s, Md
07/84	BP	(1	URIAL, CREMATION, PECIFY) Burial	Dec	-	985 Harmony		Dearly!	23d. LOCATION CITY OR TOWN Landov		P.G.	Md.
25M	DHMH - 17 (VR A15 ME (5))		INERAL DIRECTOR NAME Wart Fune	ral Home,	ADDRESS 4001	Benning Roa	ad, N	TUEL	REC'D. BY REGISTR	AR 256 REGISTE	PAR'S SIGNATU	IRE Condess



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST

350071

STATE OF MARYLAND

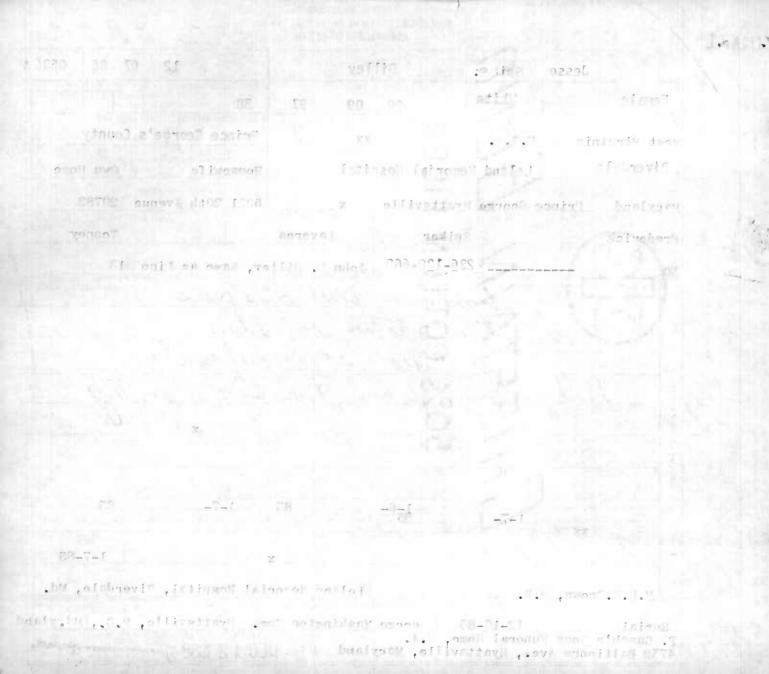
- STATE REGISTRAR		DEF	CERTIF	ICATE OF	DEATH	REG.	NO.		
1 DECEASED NAME (TYPE OR PRINT)	Jessie	Spiker		lley		2a DATE OF DEATH	12	07 85	0535
Female		4 RACE White	S. DATE O		97	6. AGE (IN YEARS LAST	BIRTHDAY) YRS	MONTHS DAYS	IF UNDER 24 HRS
70. BIRTHPLACE (STATE COUNTRY) West Virgin	319	76. CITIZEN OF WHAT COUNT	MARRIE	XX	MARRIED DIVORCED	9 BALTIMORE CITY Prince G	or count	s County	
Riverdale		11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES Leland Memor	ial Hos	or other in	STITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOS Housewife	T OF WORKING L		F BUSINESS OF
USUAL RESIDENCE IF N 130 STATE MARYLAND 14 FATHER'S NAME FIRST	Princ	e George Hyatt	sville	YES T	CITY LIMITS? NO R'S MAIDEN NA FIRST	13e.STREET ADDRES 6221 20th ME		1e 2078	ī
Frederick	ER IN U.S. AR	Spike MED FORCES? 1166 SOCIALS	SECURITY NO.	17 INFORM	ANT	ADD	RESS	Tenn	ey
(YES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES) 236-12	-0669	John	D. Dill	ey. Same a	s Line	#13	
Conditions, if a gove rise to cause (a), bunderlying ca	inny, which immediate ating the use last. IGNIFICANT (RATION	DUE TO, OR AS A CONSI	TO DEATH BUT	N WAS PERF	D QUI	200 AUTOPSY? YES NO	20b. IF YE IN CERT!	WERF FRIDINGS CAUSES	
OR CONTRIBUTING (OF EITHER NOTIFY A 21d INJURY OCC WHILE NO	CAUSE OF DEA	HOUR A.M. MONTH	19	211 LOCAT	ION	RED (ENTER NATURE OF IN	3/0	COUNTY	STATE
saw the decipate, (I) (will 176. SIGNA FIRE	NAME (TYPE C		85 / or	DEGREE	ATTENDING PHYSICIAN 5	to 1-7- death occurred an the MEDICAL ST DIRECTOR PHYS	AFF	22c. DATE	SIGNED
23a. BURIAL, CREMATIC	N, REMOVAL		23c. NAME OF C			23d. LOCATION CITY OR TOWN	11.	COUNTY	STATE
Dunia1		12-10-85	Ceorge	Washi	neton Ce		ai	P.G.	Maryla

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

F. Gasches Sons Funeral Home, P.A. 4739 Baltimore Ave., Hyattsville, Maryland

25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE murdon-Handala



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE * - STATE 3500975 REGISTRAR REG NO DECEASED NAME 20 DATE KNOWN FOR TYPE OR PRINTS DEATH MATED IDA Imogene 4. RACE 5. DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY PRONOUNCED 1-11-1916 69 Th. CITIZEN OF WHAT COUNTRY? A RIRTHPLACE ISTATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRYS DIVORCED U.S.A. Maine Prince Georges 18 CITY OR TOWN OF DEATH IL-NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Recieving Clerk Signal Corp. Cheverly USUAL RESIDENCE (IE IN NURSING HOME 13b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 5638 Emerson St. B-2, 20710 Bladensburg Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST Dixon Hatt Susie E 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Lot 4. Lyons Creek Mobile Court Lothian, Maryland 004-05-3877 Helen Willis. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY MAMEDIATE CAUSE Conditions, if any, which gove rise to immediate cause (a) stating the under lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO W 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 9:21MM 12-3-859 Fell in apartment 21e PLACE OF INJURY (ATHOME. 21f LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE NOT WHILE Home Bladensburg. 22a I certify that I toak charge af the remains described above, held on Homicide ___ Undetermined monner TITLE (Debuty 12-6-85 Augusto P Rodriguez, M.D. 5009 Rayburn Ct., Temple Hills, Md EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL CREMATION REMOVAL 236 DATE 23d. LOCATION South Portland, Cumberland, Maine Burial 12-10-85 Calvery Cemetery 07/84 250. Date REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE 25M F. N. Gasch's Sons Funeral Home, P.A. **DHMH** - 17 4739 Baltimore Ave., Hyattsville, Maryland (VR A15 ME (5)) - -- war terpot -- Night garn

many in an ing . The langitude of the control of th DAME , Sav. to manuf State TX - internation A. T. Bankarah ntagno i Int 4, Ivons Track Tobile Court Transferred and the second and the s the warrage of flow CP-X-93 Market in Sports and business of the margines, the margaret now around N., Landle Mills, in

north forther, commend, waited

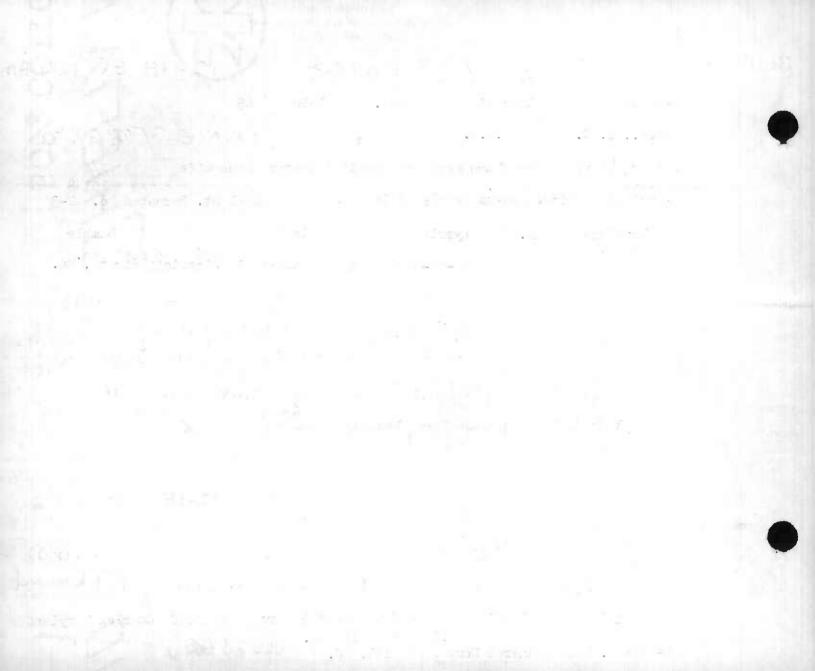
THE COLORS THE PETER THE . 1.9 , ample terribe and Ethings . the Callinors (vo., Interville, Sangland

. I de l'antigérant a peninger et

STATE OF MARYLAND

25 STATE STATE

	1 -	FOR STATE REGISTRAR		DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL I ICATE OF DEATH	HYGIENE	S S	5 4	3 /
36,00,396		CEASED NAME FIRST HELD	5X/	MIDDLE	Dr	VER	20. DATE	OF DEATH MONTH	P S S	20. HOUR
4 moy	3. SEX		4. RACE	lon	5. DATE C	5 1920 1920	6. AGE (IN YEARS EAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
- B Fin X		male	Caucas		0		9 BALTH	YRS. MORE CITY OR COUNT	OFDEATH	
eo the Carlo	Wa.	OUNIRY) D. C.	U.S.		WIDOWE		PR	INCE GE	FORG.	ES MD.
s ofter d by the f	CI	IN TO N	Souther	m Maryla	nd Ho	rother institution spital Center		AL OCCUPATION WORK FOR MOST OF WORKING LI LSEWIFE		OF BUSINESS OR
24 hour filled in ould be f	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COUT	e George	GIVE RESIDENCE BEFOR 13 CITY OR TOW Temple	ADMISSION) Hills	13d. INSIDE CITY LIMITS YES 🖈 NO 🗌	13. STREE	et address / zip cod St. Barnab	as Rd.	48 T-3
MARYLA maletely	14. FA	THER'S NAME FIRST Waveless	MIDOLE H.	Lyerly		15. MOTHER'S MAIDEN Susie	NAME	WIDDIE	Gamb	le
be executed on ond co		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECT		Deanna McG	onigal	906 Larchm Districtl		
d ST., BALTI certificate b ng physicio ronpopers. r removol. ic event, the		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE	nly one cause pe ED BY: TE CAUSE (o)	r line for (a), (b), or	NO N	esterias	y fo	suli	BETWEEN	ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours a ottending physician. Ottending physician. After this certificate has been signed by the oftending physician and completely filled in by as the burial-transit permit. Then please remove corbon papers, Figg. 1 and 2 should be file the ord Mental Hygene prior to burial, cremotion, or removal. arked or frem 18 shows any injury, or other troumatic event, the measurement mouth by a complete mouth of the measurement of the complete mouth of the measurement of the complete mouth of the measurement of the complete mouth		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	(b)		ENCE OF		Cordio	ing Andury	156756	10475 Horris
TAL RECORDS, 2 The low requires icion.	CERTIFICATION	PART 2. OTHER SIGNIFICANT 190 DATE OF OPERATION 12.8.85	- DI	DITION FORWHICH	- 94-	ab down	eta 200 A	UTOPSY? 20b. IF YE IN CERTI	S, WERE FINDING CAUSES	NGS USED
SION OF VITA PHYSICIAN: The ending physicio this certificate is the buriol-tronsit ad Mental Hygie dor Item 18 shp	MEDICAL CE	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 7.14. IN JURY OCCURRED	R) P		AY YEAR	ZIE LOCATION	CORRED (ENTE	R NATURE OF INJURY IN ITEM T8		
Ortens of the ter this ord /	ME	WHILE NOT WHILE AT WORK	(AT HOME, ST	IREET, FACTORY, OFFICE,	FARM ETC }	STREET		CITY OR TOWN	COUNTY	STATE
O O E	4	22a I certify that (I) (this have saw the deceased alive or		19	85.	nd that in (my) (a opi	nion death occ	urred an the date and ho	ur and from the	that (I) (Vinitast
O DiR		22b. SIGNATURE	of) viewishe body	offer death.	MP	DEGREE ATTENDIN PHYSICIA	G MEDIC N DIRECT	AL STAFF OR PHYSICIAN	12. DATE	SIGNED -
TO HOSPITAL retoined by the TO FUNERAL should be deto with the State with the State MARORTANT.		22d PHYSICIAN'S NAME (TYPE	DAV.	D N. Ro			disnH	kad Hwy	FT	hishad
BP	23o I	BURIAL, CREMATION, REMOVAL	12/21			Memorial G	ardens			laryland
DHMH - 16 50M 4/83 (VRA 15, 4)	24 F	UNERAL DIRECTOR		6160		TITT TITT	ULU 2	BY REGISTRAR 25b. REGIS	TRAR'S SIGNA	MSEndalle.



	1-	, OK	#G626, I	P 3 h	DEPARTMENT OF	HEALTH			3	5 4 3	3
15114		CEASED NAME	FIRST	2)D WE	DICAL EXAMII		ERTIFICATE (OF DEATH	REG. NO.	MONTH DAY	YEAR 75 HOTEL
2 2 2 2 2 E	(TYP	E OR PRINT)	Gary	1	alter		Drake	OF	ESTI-	Dec 2 10	COL
ARY, PLEASE AL DIRECTOR. YOUR FILES N 72 HOURS ION STREET,	3 SEX	4. R	TAČE r	S. DATE OF BIRTH			DER 1 YR. IF UNDER	R 24 HRS. 2c. DA		MONTH DAY	TEAR 200 TO
U SZ SOUR			White	Dec. 5,	1956 28	YRS.	DATS HOURS	DE	D D	SC Z 190	FO OM
NECESSARY, UNERAL DIRE S FOR YOUR WITHIN 72	FO	RTHPLACE (STATE	OR	76. CITIZEN OF W	HAT COUNTRY?		ED NEVER MARK	RIED	-	COUNTY OF DEA	
		ryland	DEATH	U.S.A.	SPITAL, NURSING HOA	WIDOW			UPATION (TYPEO	ge's Coul	OF BUSINESS DUSTRY
SHOULD BE FILED.		lelphi	di	LE NOT IN SUCH FA	Riggs Roa	-		FOR MOST OF W	ORKING LIFE)		Gov't.
807		L RESIDENCE (#	NURSING HOME C	OR OTHER INSTITUTION, G	IVE RESIDENCE BEFORE ADMIS	SIONI	13d ENGINE CITY LIMITS?				
S 20	Ma	ryland	Por P	G. 6-20	Adelphi	John	YES NO	7981 N	ew Riggs	Road 20'	783
1.1		THER'S NAME FIRST		MIDDLE	LAST	7	15. MOTHER'S MAID	ENNAME	WIDDIE	LAST	
00		niel VAS DECEASED EV	/FRINUS AR/	D. MED FORCES?	Drake		Olga 17. INFORMANT		ADDRESS	Pozyck: 5907 Musi	
1		ES, NO, OR UNKNOWN)		WAR OR DATES)	214-80-18		Mrs. Olga	A. Drak			
9	110		EATH (Enter on	ly ane couse per line	for (a), (b), and (c).)				1 1-	APPRO	XIMATE INTERVAL
PERMI SIENE, VAL.		PARTIDEATH	H WAS CAUSE	D BY: TE CAUSE (o)	Acut	0//	MYDO	201/18	1 Di	BETWEEN	ONSET AND DEATH
RANSII PR TAL HYGI R REMOV					AS A CONSEQUENCE	OF	,	1	1 1		
MENTAL H		gove rise	if any, which to immediate	(b)	hroni	0/	440 CG	w/d1:	10	IN XX	jn
Ö z		lying cause le	ting the <u>under-</u> ast.	DUE TO, OR	AS A CONSEQUENCE	OF		, –			
ATIO		PARI 2 DINER SIGNIFI	ICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	MINAL DICEASE	OR CONDITION CIVEN IN B	ADT 1			
or, ckew	NO	1	/no	/	BOT NOT RECEIVED TO THE TER	minat Distast	OK COMOTTON GIVEN IN F.	AKI I 10			
7	CERTIFICATION	190 DATE OF OF	ERATION	196. CONDI	TION FOR WHICH OPE	RATIONW	AS PERFORMED?			20. AUT	OPSY?
X	TIFI	1	one				100000			YES	O NO D
WIOR TO BURIN	-	210 EXHERNAL C.	OR		FINJURY 1. MONTH DAY YEA		OW INJURY OCCURR	ED (ENTER NATURE OF	INJURY IN ITEM 18 PAR	RT 1 OR PART 2)	
/	MEDICAL	CONTRIBUTING			OF INJURY (AT HOME.	71f. LO	CATION				11000
	ME	WHILE ON	OT WHILE	STREET, FAC	TORY, FARM, ETC 1		TREET	CITY OR	оwи	COUNTY	STATE
				a of the remains do	scribed above, held an	Autap					
2		death resulted for		ral causes		uicide	Inspection Inspection	Undetermined		in my opinion	
AK			7	1 1			TITLE (SPECIFY)				
¥, 14		SIGNATURE	1	10	1 (000	M.	o. Dep	MEDICAL EXA	MINER	SIGNEDEC	U/957
S C C	1	EXAMPLER'S NA	ME								
AFTER DEATH, WITH THE BALTIMORE, MARYLAN	23a.Bl	(TYPE OR PRINT)	N. REMOVAL T	3b DATE	23c, NAME OF CE		ADDRESS	123d. LOCATION			
N	(S	PECIFY) Bur		Dec.9,198			en Cemeter	CITY OF TOWN	Spring	Montgomes	state ry Md.
		INERAL DIRECTOR	2				250. DATE	REC'D. BY REGISTI	RAR 256 REGIST	RAR'S SIGNATURE	
5))	F.	Gasch's	Sons F	H. P.A.	Hyattsvill	e, Ma	ryland Ut	± U 9 19	35 1	wardson-N	THE REAL PROPERTY.

Tally Host Tarrest Francisco i lorrso : Ining . a chatem Toni Time and or the companies of the compani Toc. 0, 1985 (1ste of Issuer Contery Silver Spring Monterery Md. Lelann. T. Inschin Sons F.H. P.A. Hyntheyille, Maryland - Lv. - Blade

						STA	E OF MARYL	AND		41	109	12	
	FOR STATE				DEPA		HEALTH AND		IENES 5	5	5	. 13	1
010100		TRAR				CERTI	FICATE OF D	DEATH	-849	REG. NO.			
. 12	1. DECEASED	NAME	FIRST		MIDDLE		LAST		20. DATE OF D		DAY	YEAR 26	. HOUR
noy be	(TYPE OR PRINT	प्रा	KORE	F LE	EAN	DREN	~ DEF	SSFL	TE	C. 3	1 19	33 3	3:16 PM
mo)	3. SEX		4	RACE	TOTAL		OF BIRTH		6 AGE (IN YEAR	S LAST BIRTHDAY)	IF UNDER		UNDER 24 HRS
1) set of		MALE		WHI	TE	A-PI		1912	- 1	73 YRS	MONTHS .		OURS MIN.
12 11	70. BIRTHPLA	CE (STATE OR FOR	EIGN 7	CITIZEN OF	WHAT COUNT	RY? 8	D NEVER A	AARRIED []	9. BALTIMORE	CITY OR COUN	ITY OF DE	ATH	
deoth deoth		ING TRIV	D,C	· · · · ·	USA	WIDOW	ED DI	VORCED [ICE G			MD.
2 13 3//	IO. CITY OR	OWN OF DEAT	H 1		HOSPITAL, NUI			TITUTION	12a. USUAL OC	CUPATION OR MOST OF WORKING		KIND OF B	SUSINESS OR
10 00 mm	MT.	CAINI	ER		Shepherd				BANI		2000	ANK	11/8
212 hou	USUAL RESI	DENCE (IF NURSIN	G HOME OR O		13c CITY OR	EFORE ADMISSION	13d. INSIDE	ITY LIMITS?	13e. STREET AD	DRESS	2	177	100
AND 24	M	0	PR	GE0	0 1 - 1	HNIER	YES D	NO [SHEP	+KI21	5 9	5/
ryll,	14 FATHER'S	NAME	MI	DDLE	LAST		15 MOTHER'S	S MAIDEN NAM		MIDDLE		LAST	THE STEEL
mak ed v		PHN			DRESS	EL	1 L	AURA	AL	IBR_ D	ULLI	VAI	
ond co		CEASED EVER IN		ED FORCES?	16b SOCIAL S	ECURITY NO.	17 INFORMA	NT (Wife	7	ADDRESS 32	06 Sh	epher	d Street
IMO Pog		142	(0.120, 0.110		212.	73-1194	MARG	ARET	RESS	EL C	1710	4/N/1	ER, MD
# # ## # # # # # # # # # # # # # # # #	18 CA	USE OF DEATH	(Enter only	one cause pe	r line for (o), (b)	, ond (c).					BE	APPROXIMAT	TE INTERVAL
	PA	RT I. DEATH WA	S CAUSED		CARI	010 K	ESPIR	PATORY	1 has	LURE		1 DA	1 1
8 6 n				DUE TO C	OR AS A CONSE	QUENCE OF	•	11'	-	n			
15 0 0		itians, if ony,		((b)_			LEROT	CIC H	FART	VISEAS	E	VE	AP
	cause			DUE TO.	OR AS A CONSE	QUENCE OF						1	
to the control of the	unde	lying couse	last.	(101_									
gree gree burn ry. o	PART	OTHER SIGNI	FICANT CO	NDITIONS C	ONTRIBUTING	TO DEATH BU	NOT RELATED	TO THE TERM	IN AL DISEASE	OR CONDITION	GIVEN IN P	ART 1(a)	
DRD sp	ğ	CAR	INC	DMA	QF 1	PRO S	TATE	- GW	DND				
Print of	19a. DA	TE OF OPERATION	NC	196 CONE	OITION FOR WH	ICH OPERATIO	N WAS PERFO	RMED	20a. AUTOP	SY? 20b IF	YES, WERE	FINDINGS	S USED
AL STATE OF THE ST	TI L			101.10						101	YES 🗌	1	NO 🗌
Mysel Property 18 %	08.00	CIDENT WAS UNDER		21b. TIME O	OF INJURY	DAY YEAR	21c. HOW IN	JURY OCCURR	ED (ENTER NATUR	E OF INJURY IN ITEM I	18, PART 1 OR P	ART 2)	
O D D D D D D D D D D D D D D D D D D D	S (IF EITH	ER, NOTIFY MEDICAL			.M.	19	1000						
SiOs of the part of the part o	<u> </u>	JURY OCCURRE		21e. PLACE	OF INJURY	ICE, FARM, ETC.)	21f. LOCATIO	NC	C	TY OR TOWN	COUN	ITY	STATE
No of the state of	AT WOR	NOT WHILE	E 🗌					~ 1				_	
N 2 4 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		ertify that (I) (t			11.	0	1	, 1984	_, to 1/5	C 31	19.0		t (I) (out) lost
The Coate	so	w the deceased	alive on_	view the body	y after death.	95,0	nd that in (my)	(our) opinion o	leath accurred	on the dote and h	naur and fro	m the cou	ses stated
Perpet Perpet		GNATURE	0	- 16			DEGREE		/		220.	DATE SIG	NED
At the debt		anny	eld	7/2	ugar	0		PHYSICIAN W	MEDICAL DIRECTOR	STAFF PHYSICIAN	1	2-31	-85
HOSPI med b FUNE sid be the Si	22d. PH	YSICIAN'S NAM	AE (TYPE OR P	-	-		22e. ADDRES	ST	. ^		D	207	17-
O HOS hained NPORT		AMVE	h VI	N. D	VGAK		4651	HASIE	BNAN	E MT	MAIN	MER	MD
25	23a BURIAL, (SPECIFY)	CREMATION, RI		23b. DATE			EMETERY OR C		23d. LOCATI	NON	COUNTY		STATE
BP		Burial			, 1985				Suitl	and	P.G.		aryland
DHMH - 16 60M 7/73	France	Se Gasch	's So	ns Fur	eral Ho	me, P.	A.			ISTRAR 25b. REG	ISTRAR'S SI		
(VR A 15 (4))	4739	Baltimor	e Ave	enue Hy	attsvil	le, Md	2078	JAN	8 198	局. 分泌证	Air Cont	- Spare	

OF THE THE A REPORT OF THE PROPERTY OF THE PARTY OF THE The second tent of the second and the same that the same of

			Items:	18a,22a	12-1-86		EDADTA	STAT	EOFN	ARYLANI AND MEI	D MTAL HS	CIENE		17			d	1 3
360	197	1-	arres and C	M.Ex, cm		MED				ERTIFIC			L	0))		-	U
OUU	3.71		REGISTRAR CEASED NAME	FIRST		MLD	MIDDLE	AAMIIN	EK 3 C	LAST	ATE OF			REG. NO	-	DAY	YEAR	Zh. HOUR
144			E OR PRINT)	37.700					-			20	OF DEATH	ESTI- MATED		0	Q.F	
EASS	EEEE SEE	3 SEX		ALICE	15 DATE C	FRIDTH	Т.	AGE (IN YEA		UDLEY	F UNDER 2			MAIED L	12	8 DAY	19 O-	2d. HOUR
4	N STE		100		MONTH	DAY	YEAR	LAST BIRTHDA	MONTE			MIN PR	DATE	CED	4.0		19 85	10 15
X 2	RAL DIRECTOR. DR YOUR FILES. THIN 72 HOURS RE TON STREET,		emale	8lack	7h CITIZE	30, 1	934 I					Y e		ORE CITY O	TZ	8 TY 05 F	19 O-	PM
OESS OF	SREE 기			on, D. C	70. 011122	USA	41 CO0141	KTE		ED NEVE		DI		-	_			
1	1 4		TY OR TOWN O				ITAL NUR	SING HOME	WIDOW	ED L.I ER INSTITUTION	DIVORCE			e Geo				MD.
1 23	N. Tree	71	4		(IF NOT	IN SUCH FACI	LITY, GIVE STE	EET ADDRESS)				Neve	ST OF WORK	rked	. Or WORK	OR	None	RY
8	14/-	USU	hever1	IF IN NURSING HOME						p. (DC	JA)	1100		21100			10110	
120	1582/-	13a. S	TATE	13b COUN	ITY		13c. CITY (DRIGWN		13d INSIDE CITY		13e STREE			т с	-9	99	99
2.4	N 19 1 4	14 F	NONE THER'S NAME	IN IN	one		wasi	ningto	1,0.1	15. MOTHER	NO DEN		ט ט	Stree	ι 5.	L !	1 /	11
N H	1000		FIRST	lliam	J.	Dudl		AST		FIRS	ST	4 IAWME	MI	DOLE	Glenr		LAST	
10 OF	4 5 8 A	16a. V		EVER IN U.S. AR	MED FORCE	ES?		AL SECURITY	NO.	17 INFORMA	Mary			ADDRESS			0.0	20072
LTIN FIES	2585 3	1	NO OR UNKNOW	VN) (IF YES, GIVE	WAR OR DATE	S)		70-628		Paula	Dudle	ev.Si	ster		wası	ker	Pl.	20032 S.E.
A S	SHAN S			DEATH (Enter or						. 4024		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,			PROXIMAT	
75 Q	E S S S S	36	PARTIDE	TH WAS CAUSE	D BY:	Camb			rcoti	c & alco	ohol i	ntoxic	ation			BETV	VEEN ONSE	T AND DEATH
70N	SGE SVA		WANT	IMMEDIA	TE CAUSE (0		EQUENCE C		c a are.	01101 11	., cox , c	001011					
H RES	ACIL IN INER A RANSIT TAL HY R'REMC			s, if any, which		-1971												
× × ×	AINE TRAI OR'RI		cause (a)	ta immediate		b) E TO, OR A	S A CONS	EOUENCE	F						4,714			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOU	the of the contract of	1	lying caus	e last.		()												
XEC S	BURIAL AND M	4	PART 2 OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BU	T NOT RELAT	O TO THE TERMI	VAL DISEASE	OR CONDITION (GIVEN IN PART	[] (o).				-		
0 38	MEDICA MEDICA AS A BU CREMA	NO O	III TO															
LR	LEAN THE	CERTIFICATION	19a DATE OF	OPERATION	19b.	CONDITIO	ON FOR W	HICH OPER	TION W	AS PERFORM	NED?				100	20 A	UTOPSY	?
AT OF	CHIEF CHIEF TOF HI	TE														,	YES Z	NO 🗌
OF V	MEN WEN	CER	216 EXTERNA			TIME OF I		DAY YEAR	21c HC	W INJURY C	OCCURRED	(ENTER NAT	TURE OF INJ	URY IN ITEM 18 F	PART I OR PA	RT 2)	- 43	
NO SHE	E 5 5 E S	CAL	CONTRIBUTIN	G CAUSE OF	DEATH	P.M.		19										
VISI	TING THE WORD "PENDING DED TO THE CHIEF MEDICA SED TO THE CHIEF MEDICA SHOULD BE USED AS A BI DEPARTMENT OF HEALTH AI I PRIOR TO BURIAL, CREMA	MEDICAL	21d. INJURY O	CCURRED	21e	PLACE OF	RY FARM ETC	(AT HOME,		CATION			CITY OR TOW	VN		UNTY		STATE
E SE	AAR AAR 1201	~	WHILE AT WORK	AT WORK						500						0.417		STAIL
	ATE, WRITI ORWARDE ORYARE 3 OR: PAGE 3 HE STATE DI JD, 21201 B			that I taak char	ge of the ren	nains descr	ibed abav	e, held an	Autaps	y K .	Inspection		Inquiry	O. an	d in my op	Pinian		
AINE	5 6 7 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		death resulte	d fram: Avatu	ral causes	X, ,	Accident	, Sun	-	Hamicid	de .	Undetern	nined mo					
3	WIT WIT		10000000	A	-	7	1			TITLE (SPE	ECIFY)							
N N	COTETHE CERTIFICATION E 4 SHOULD BE FOR UNERAL DIRECTOR ER DEATH, WITH THE TIMORE, MARYLAND		SIGNATURE_	AN	W	TVX	d		M	D. Assi	stant	MEDIC	AL EXAM	INER	DATE	ED 17	2-9-8	85
Dig	A SI NEW NOR WOR		EXAMINER'S N	IAMES TONS	1 Di-		1 D											
W	PAGE TO FUI PAFTER BALTIN			Ann I		(1102								Balto.	, MD	2.	1201	
24	11/1 2	23a.B	PEC IFY)	ON, REMOVAL						RCREMATOR		23d. LOCA	ATION		COU	NTY	S	TATE
07/84 BF	1900	74 EI	Buria UNERAL DIRECT							rial Ce	emete:	ty	Suit	land,				
	DHMH 17	11	LI CHAMO	ERS CO.,	517	ADDRESS	CI			(3)	OCO.	O F A	COSTRAI	L. S. KEGI	LILLA.	IGNATI	JKE M	
(VR	2 A15 ME (5))	-	- 1011/11/10	-110 00.	71/	TTOLL	ot.,	D.F. W.	ash.[0.0	ULU	231	333	Tunan A	-with	4-1	- Preco	

There are a second and a second

AND THE RESERVE OF THE PROPERTY OF THE PROPERT

FOR STATE

STATE OF MARYLAND

CERTIFICATE OF DEATH

	NAME FIR	\$1	WIDDL	E	LA	151		2a. DATE O	FDEATH	MONTH	н	DAY YE	AD F	h HOUR
DECEASED	NAME FIR												- A	
	Jar	nes M	lurray	7	Du	uley,	Sr.	Decem	ber	10,	198	85		4:48
. SEX		4. RACE	1		5. DATE OF		YEAR	6. AGE (IN	YEARS LAST	SIRTHDAY)		IF UNDER 1	-	HOURS
M	ale	Wh	ite			17,		82		Y	YRS	MOIVING	713	NOURS .
BIRTHPLAC	E (STATE OR FOREIG	N 7b. CITIZEI	N OF WHA	T COUNTRY?	8		R MARRIED	9 BALTIMO	ORE CITY			OF DEAT	Н	
Mary1	and	U.	S.A.		WIDOWED		DIVORCED	Prin	ce G	eorg	ge t	B Cou	nty	
	OWN OF DEATH	11. NAM	E OF HOSE	PITAL, NURSING	S HOME OF		NOITUTION	120 USUAL				12b. KIN	ND OID	enness
River	dale	Lel	and)	luity, GIVE STREET AL	Hos	pital		Cond	ex for mos lucto		KING LIFE		-	oad
JSUAL RESID	ENCE (IF NURSING HO	OME OR OTHER INSTIT												·ouu
Mary1		county rince Ge	100	Hyatter			NO T	13e.STREET 2108					2	0783
FATHER'S	NAME		OLKE				R'S MAIDEN NA		Deec	.IIWOC	Ju .	Road		.0703
0.000	Hest	MIDDLE T.7		Der 1 ove		Do	FIRST		MIDDLE			1	LAST	
John M WAS DEC	EASED EVER IN U.	.S. ARMED FORC	ES? 16h	Duley SOCIAL SECUR	ITY NO.	Ros		-	ADD	RESS	-	IV.	lurr	ay
1165 NO OR		YES, GIVE WAR OR DA	TES)			.,		Jr.		. T -	inc	#12		
NO				16-03-10	101	James	s M. Dul	ey, sa	ine a	IS L1	rne		NAVAVANA	VF IN ITE DAY
	TI. DEATH AS C	ter only one cau	se per line	ARDE	101	I M.	NARY	ARK	1 = -	7		BETW	VEEN ON	SET AND DE
gave cause	rise to immedia (o), stoting t ying cause la	ch (ite) he DUE 1	(b)	A CONSEQUEN	ie	My	IOCAR)	NAC	1 N F	-AKC	-76	N		
gave cause underl	rise to immedia	ch tree he DUE 1	(b) (O, OR AS c) NS CONTE	A CONSEQUEN	NCE OF	NOT RELAT	ED TO THE TERM	NINAL DISEAS	SE OR CO	20b.	N GIV	EN IN PAR 5, WERE FII YING CAL	NDINO	F DEATH
gave cause underly PART 2	rise to immedia to to stating to ying cause la OTHER SIGNIFIC LIPERATION	ch the bue 1 ANT CONDITION 196 C	(b) (O, OR AS c) (O) (O) (O) (O) (O) (O) (O) (O) (O) (O	A CONSEQUENTING TO DE	NCE OF	NOT RELAT	ED TO THE TERM	200 AUTO	SE OR CO	20b.	N GIV	EN IN PAR 5, WERE FII YING CAL	NDINC JSES C	
PART 2	rise to immedia (o), stoting t ying cause lo OTHER SIGNIFIC E OF OPERATION DENT WAS UNDERLYH TRIBUTING CAUSE GER, NOTIFY MEDICAL EX	ANT CONDITION 196 C NG 216, TI OF DEATH AMINER	ONDITION IME OF IN. P.M.	A CONSEQUENTING TO DE PSAME SENTING TO DE PSAM	NCE OF EATH BUT P OPERATION	NOT RELAT	ED TO THE TERM FORMED INJURY OCCUR	200 AUTO	SE OR CO	20b.	N GIV	EN IN PAR 5, WERE FII YING CAL	NDINC JSES C	F DEATH
gave cause underly PART 2 19a. ACC OR CON! (IF EITH 21d IN)	rise to immedia OI, stoting t Ving cause la OTHER SIGNIFIC E OF OPERATION IDENT WAS UNDERLYING CAUSE CHERNOLICALE X UNTITY MEDICALEX UNTITY MEDICALEX UNTITY OCCURRED	ANT CONDITION 196 C NG 216. TI AMINER) 216. PI 216. PI	ONDITION TO, OR AS CONTENT ONDITION THE OF IN. P.M. ACE OF IN.	A CONSEQUENTING TO DE PSAME SENTING TO DE PSAM	NCE OF EATH BUT N OPERATION Y YEAR 19	NOT RELAT	ED TO THE TERM FORMED INJURY OCCUR	200 AUTO	SE OR CO	20b. IN C	N GIV	EN IN PAR 5, WERE FII YING CAL	NDINC USES O	F DEATH
PART 2 19a. DAT 21a. ACC OR CON! (IF EITH 21d INJ) 22a.1 ce	rise to immedia (o), stoting to young couse to other signification of the stote of	ANT CONDITION 196 C NG 216. TI OF DEATH AMINER) 21e. PI (AT HO AMINER)	O, OR AS O, OR AS ON SCONTE ON DITION ME OF IN. P.M. ACE OF IN ACE OF IN ME. STREET, F.	A CONSEQUENTING TO DE PRINT SENTENTING TO DE	NCE OF EATH BUT N OPERATION Y YEAR 19 RM. EIC.)	NOT RELAT N WAS PERI 216 HOW 211 LOCA' STRI	ED TO THE TERM FORMED INJURY OCCUR	200 AUTO YES TRED (ENTER N.	OPSY? NO ATURE OF IN CITY OR	20b. IN C	IF YESCERTIF YES	ZEN IN PAR S, WERE FII YING CAL S COUNT	NDINC JSES O	F DEATH'
PART 2 19a. DAT 21a. ACC OR CON'II 21d INJ 22a.1 ce saw	rise to immedia (o), stoting t ying cause lo OTHER SIGNIFIC E OF OPERATION DENT WAS UNDERLYIN RIBUTING CAUSE ER, MOTHY MEDICALEX URY OCCURRED NOTWHIE NOTHING	ANT CONDITION 196 C NG 216. TI OF DEATH AMINER) 21e. PI (AT HO AMINER)	O, OR AS CO. OR AS C	A CONSEQUENTING TO DE PRINT SENTENTING TO DE	NCE OF EATH BUT N OPERATION Y YEAR 19 RM ETC)	NOT RELAT N WAS PERI 216 HOW 211 LOCA' STRI	ED TO THE TERM FORMED INJURY OCCUR!	200 AUTO YES TRED (ENTER N.	OPSY? NO ATURE OF IN CITY OR	20b. IN C	IF YESCERTIF YES	VEN IN PAR S, WERE FII YING CAL S COUNT COUNT	NDINC JSES O	STAI
PART 2 19a. DAT 21a. ACC OR CON'II 21d INJ WHILE TWO 22a.1 ce sow	TISE TO IMMEDIA OTHER SIGNIFIC OTHER SIGNIFIC E OF OPERATION IDENT WAS UNDERLYH IRIBUTING CAUSE EURY OCCURRED MOT WHILE AT WORK THIFY HOLD (1) (this the deceased all ove, (1) (w) (fill of all ove) The deceased of a course of a course of a course The deceased of a course of a course of a course The deceased of a course of	ANT CONDITION 196 C NG 216. TI OF DEATH AMINER) 21e. PI (AT HO AMINER)	O, OR AS O, OR AS ON SCONTE ON DITION ME OF IN. P.M. ACE OF IN ACE OF IN ME. STREET, F.	A CONSEQUENTING TO DE PRINT SENTENTING TO DE	NCE OF EATH BUT N OPERATION Y YEAR 19 RM ETC)	NOT RELAT N WAS PERI 21c HOW 211 LOCA STRI	FORMED INJURY OCCUR TION EET 19 ATTENDING	200 AUTO YES TRED (ENTER No.) to death occurre	OPSY? NO ATURE OF IN CITY OR 12 ed on the	20b. IN C	N GIV	VEN IN PAR S, WERE FII YING CAL S COUNT TO not from	NDINC USES O	STAI STAI Of (I) (we uses state
PART 2 19a. DAT 21a. ACC OR CON! (IF EITH 27a. I ce sow obc	TISE TO IMMEDIA OTHER SIGNIFIC OTHER SIGNIFIC E OF OPERATION IDENT WAS UNDERLYH IRIBUTING CAUSE EURY OCCURRED MOT WHILE AT WORK THIFY HOLD (1) (this the deceased all ove, (1) (w) (fill of all ove) The deceased of a course of a course of a course The deceased of a course of a course of a course The deceased of a course of	ANT CONDITIO 196 C NG 216. TI OF DEATH AMINER) 216. PI (AT HO AMINER)	O, OR AS O, OR AS ON SCONTE ON DITION ME OF IN. P.M. ACE OF IN ACE OF IN ME. STREET, F.	A CONSEQUENTING TO DE PRINT SENTENTING TO DE	NCE OF EATH BUT N OPERATION Y YEAR 19 RM ETC)	NOT RELAT N WAS PERI 21c HOW 211 LOCA STRI	FORMED INJURY OCCUR TION EET 19 ATTENDING PHYSICIAN	200 AUTO YES TRED (ENTER No.) to death occurre	OPSY? NO ATURE OF IN CITY OR 12 ed on the	20b. IN C	N GIV	VEN IN PAR S, WERE FII YING CAL S COUNT TO not from	NDINCUJSES O	STAI STAI Of (I) (we uses state
PART 2 190. DAT 21a. ACC OR CON! (IF EITH 21d INJ WHITE 22a.1 ce saw abc 21b. SIG	TISE TO IMMEDIA THER SIGNIFIC TO THER SIGNIFIC FOF OPERATION TO THER SIGNIFIC TO THER SIGNIFIC TO THER SIGNIFIC TO THE SIS THE SIGNIFIC TO THE SIGNIFIC TO THE SIGNIFIC TO THE SIGNIFIC	ANT CONDITION 196 C NG 216. TI OF DEATH AMINER) 21e. PI AMINER) 21e. PI AMINER)	O, OR AS O, OR AS ON SCONTE ON DITION ME OF IN. P.M. ACE OF IN ACE OF IN ME. STREET, F.	A CONSEQUENTING TO DE PRINT SENTENTING TO DE	NCE OF EATH BUT N OPERATION Y YEAR 19 RM ETC)	211 LOCA STRILL	FORMED INJURY OCCUR TION EET 19 ATTENDING PHYSICIAN ESS	200 AUTO YES TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL T	OPSY? NO ATURE OF IN CITY OR J2 ed on the	20b. IN C	N GIV	VEN IN PAR 5, WERE FII YING CAL S COUNTY 19 12 12 D	T 2) T the coefficients of the coefficients o	STAI STAI STAI Of (I) (we uses state GNED
PART 2 10. ACC OR CONT. (IF EITH 210. I ce Sow	rise to immedia (o), stoting to yong couse to other signification of the stote of t	ANT CONDITION 196 C NG 216. TI OF DEATH AMINER) 21e. PI (AT HO haspital) amend ve on	ONDITION ME OF IN. RAM. P.M. ACE OF II Me de die de	A CONSEQUENT A CONSEQUENT OF THE PROPERTY OF T	NCE OF EATH BUT N OPERATION Y YEAR 19 RM. EIC) D D	211 LOCA SIRI	FORMED INJURY OCCUR TION EET 19 ATTENDING PHYSICIAN	200 AUTO YES TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL T	OPSY? NO Mature of In CITY OR PHYS TO PHYS COMPANY COMPANY	20b. IN C	N GIV	VEN IN PAR 5, WERE FII YING CAL S COUNTY 19 12 12 D	T 2) T the coefficients of the coefficients o	STAI STAI STAI Of (I) (we uses state GNED

DHMH - 16 60M 7/84 (VRA 15, 4)

Er	, volu		20-	
			i elisi	911
Trince Converts County				
	Contigent	f = i = o = i = i	100	Ul Hadenia
THE WAY WITH				
*				
	aw Jan			
5W-54	it du,	0		

12-10-85

350073

S	TATE	OF	MARYLAND	

	17	STATE REGISTRAR			011	CERTI	FICATE OF D	EATH	REG.	NO.			
		EASED NAME	FIRST	, A	NIDDLE		LAST		20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR
1	TYPE	OR PRINT)	ecil	Danie	e1	Du	nning			12	6	M	6:40PM
1	3. SEX		,	4 RACE		5. DATE	OF BIRTH	YEAR _	6. AGE (IN YEARS LAST I	BIRTHDAY)	MONT:	DER I YEAR	HOURS MIN.
		Mal	e	Caucas	sian		25	28	57	YRS			
0		RTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUN	TRY? 8	ED NEVER M	ARRIED T	9 BALTIMORE CITY	OR COUN	TY OF	DEATH	
4		rth Caro	lina	U.S.A	<i>A</i> .	WIDOV		ORCED	Prince				MD.
7	10. CT	TY OR TOWN OF DEA	TH			URSING HOME STREET ADDRESS)	OR OTHER INST	ITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOS	TION TOF WORKING	S LIFE)	ADMATRY	F BUSINESS OR
	La	anham		Doctors					Mechani	С		uick	
8	USUA 13a S	AL RESIDENCE (IF NURS	ING HOME OF		GIVE RESIDENCE		1 13d INSIDE CI	TY LIMITS?	13e STREET ADDRESS	S / ZIP CC	DE		
9		ryland	P.			rdale	YES X	NO 🗌	6603 Oak			e.,	20737
	14 FA	THER'S NAME gey FIRST		MIDDLE	Price	Α.		MAIDEN NAM	ME			D . 145	al market
z(Ua,	gey			TITC	E	Lucy				18	Dun	Ining
1	16a W	VAS DECEASED EVER		MED FORCES?		SECURITY NO.	17 INFORMA	' "	use)	RESS			
А	Y	es, no or unknown)	WW		245-	20-409	2 Mary	Dunni	ng, Same	as	lin	e #1	3
		18 CAUSE OF DEAT	H (Enter or	nly one couse per	line for (o), (bi, and ic		,				BETWEEN	MATE INTERVAL ONSET AND DEATH
		PART I. DEATH W		ED BY. TE CAUSE (0)	Ca	rdiac	app	est					
	21	-2		DUE TO, OI	R AS A CONS	SEQUENCE OF			, ,,	1			
	101	Conditions, if ony,		((b)_	V	en to	cular	fib	willatio	N			
	3	gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF											
	S)	underlying couse	lost.	(c)	my	Cara	hal ,	infal	ction				
	_	PART 2. OTHER SIGN	VIFICANT	CONDITIONS CO		/		TO HE TERM	INAL DISEASE OR CO	NOITION	GIVEN	N PART 1	a
	CERTIFICATION		44	perter	NSON	1	besity						
	ICA	190 DATE OF OPERA	TION	196 CONDI	TION FOR W	HICH OPERATI	ON WAS PERFO	RMED	20a AUTOPSY?	IN CER	YES, WI	G CAUSES	NGS USED OF DEATH?
1	RTIF								YES NO		YES []	ИО 🗌
1		210. ACCIDENT WAS UND		21b. TIME O		H DAY YEA		JURY OCCURE	RED (ENTER NATURE OF IN	IJURY IN ITEM	18 PART I	OR PART 2)	
7	CAL	I IF EITHER NOTIFY MEDI	CALEXAMINE	R) P.,		19							
	MEDICAL	21d INJURY OCCUR		21e PLACE		OFFICE FARM, ETC.)	211 LOCATIO	N	CITY OR	TOWN		COUNTY	STATE
	~	AT WORK NOT WE	RK								-	S.	
		23% I certify that (f)		400	e detroised (David .	TUNE.	, 19			19_		that (I) (we) lost
		sow the decease obove, (II (we)):	ed alive or fid (did n	OCT or view the body	at death.	19		(our) opinion	death occurred on the	dote and l	nour on		
		77h SIGNATURE	1.	L	tion	0.	DEGREE	TTENDING	MEDICAL S1	AFF		22c DATE	SIGNED
			1 -	- 0 1	wy	/ /	160.	PHYSICIAN 5	DIRECTOR PHYS			12-0	7-85
		274 PRINCIAN'S DA	AME I CONT	(APPRINT)			22e ADDRES	S					
		Yin C. H	ung.	M.D.			5318	nnapol	is Rd. Bl	adens	bur	g. Md	
		BURIAL, CREMATION,		23b. DATE			CEMETERY OR		23d LOCATION			UNIY	STATE
	R,	dfial		12-10	1-85	Md. V	eterans		Chelte				
	P'r	ANERAL DIRECT GRAS	sch'	s Sons.	P.A.	RESS		1	E REC'D. BY REGISTRA		SISTRAR	'S SIGNAT	URE
	47	39 Baltir	nore	Ave.,	Hyati	tsvill	e, MD.	U	EC 1 2 1985	ما الم	مهرنون	3 1. 7300-1-	Mandalle

DHMH - 16 60M 7/84

should be detached for use as the burial-transit permit. Then please remaye carbon pape with the State Dept. af Health and Mental Hygiene prior to burial, cremation, ar remayal

MPORTANT: If Item 21 is marked or Item 18 shows

(VRA 15, 4)

TO FUNERAL DIRECTOR

1:00 Stational contant 1210213 .bk .anstrochele ..he sifenson; Pivi and the FOR - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

(R	2b.	HOUR	

امر		
	2	-

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

should be detail

IMPORTANT: # DHMH - 16 50M 4/83 (VRA 15, 4)

	CEASED NAME FIRST		AIDDLE		AST		20. DATE OF DEATH	HINON	DAY YEAR	26 HOUR 7
(TYPE	Jose	ph D		DA	er	6 9	December	24	1985	1:20 A
3. SEX	Male	4. RACE Whi		Jan Jan		02	6. AGE (IN YEARS LAST BIRTH	YRS	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
	RTHPLACE (STATE OR FOREIGN aryland	USA	WHAT COUNTRY?	MARRIEI	DEVER MARR	IED 🔟	9. BALTIMORE CITY OR Prince			MD.
	TY OR TOWN OF DEATH		OSPITAL, NURSIN HEACILITY GIVE STREET CY NUI'S		ROTHER INSTITUTI	NOI	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF MAINTEN	WORKING LIF	DEDUSTRY.	
13a. S			ISC. CITY OR TOW Waldor	N	13d INSIDE CITY LI	MITS?	3191 Hig	ZIP CODE	nber C	ourt
		Joseph	Dyer		15. MOTHER'S MAI		WIDDLE		idgleÿ	ST
	VAS DECEASED EVER IN U.S YES NO OR UNKNOWN] (IF YE NO	S. ARMED FORCES? ES, GIVE WAR OR DATES)	577 09	1807	Bertha	ME	ADDRES rxleben		me AS	#13
CERTIFICATION	PART I. DEATH WAS CA IMME Conditions, il any, whice gove rise to immediat cause iol, stating th underlying cause lass PART 2 OTHER SIGNIFICA	DUE TO, OF		ENCE OF	NOT RELATED TO T		NAL DISEASE OR COND 200 AUTOPSY?	20b. IF YES	/EN IN PART II	NGS USED
MEDICAL CERTIF	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE C (IF EITHER MOTHY MEDICAL EXA 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a I certify that (I) (this- saw the deceased alive above, (I) (weekly) (d 22b. SIGNATURE	OF DEATH HOUR A.I. MINER) 21e PLACE ((AT HOME STR) 12 ** 22 Id not) view the body 12 ** 22 Id not) view the body	M. MONTH D. M. DF INJURY EET, FACTORY, OFFICE, F e deceased Irom _ 19_6	2 2 j	211. LOCATION STREET 19 dd that in (my) (auc) DEGREE ATTEN PHYS 22e ADDRESS	opinian de	YES NO CITY OR TOWN NO 12 24 eath accurred on the da MEDICAL STAFI DIRECTOR PHYSICI	te and hou	COUNTY 19 FF. 19 FF. 17 and from the	SIGNED L485
22 6	William :		122	LANE OF C	11701		ngston Rd	Ft	Washi	ngton Mo
(BURIAL, CREMATION, REMO	27Dec	1985 R	esuri	rection	00	Clinto	P		land
24 FU	JNERAL DIRECTOROBE: NAME Suit	rt E Wil: land Ma:		neral	L Home	25a DACE		256. REFUSE	BARDEN GIA	n-Alander

that the death certificate

TENDING PHYSICIAN. The low

365146

and campletely filled in by the funeral director. within 24 hours after death.

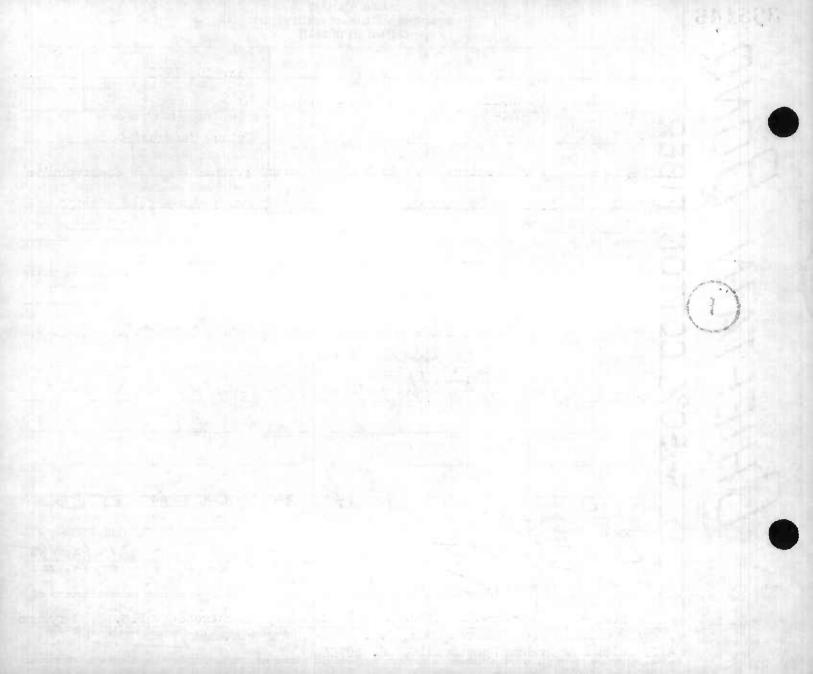
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	AMI Docto OR OTHER INSTITUTION GIVE R UNITY P. G. R- MIDDLE ARMED FORCES? 1665 SED BY: IATE CAUSE (a) DUE TO, OR AS (b) DUE TO, OR AS (c) CONDITIONS CONTRI OTHER INSTITUTION GIVE R HE CAUSE (A) CONDITIONS CONTRI OTHER INSTITUTION GIVE R AMI Docto Re- R- 13. (C) R- 13. (C) R- 13. (C) R- 13. (C) R- 14. (C) R- 15. (C) R- 16. (C) R- 16. (C) R- 17. (C) R- 18. (C) R- 19. (C)	T COUNTRY? 8 MA WID PITAL, NURSING HO FURTHER STREET ADDRES DESIDENCE BEFORE ADMISSI- CITY OR TOWN IVERDALE SOCIAL SECURITY N 3 01 9772 9 101, (b), and ic. A CONSEQUENCE A ACONSEQUENCE A ACONSEQUENCE OF	ARRIED X NEVER A OWED DI MRE OR OTHER INST SIONI 13d INSIDE C YES D 15 MOTHERS Mary NO 17 INFORMA Anna M OF ONLY, LC OF OR ALL, LT OF OR ALL OF OR ALL, LT OF OR ALL, LT OF OR ALL OF OR ALL OF OR ALL	MARRIED 9 1 VORCED TITUTION 120 11 120 120 120 130	BALTIMORE CITY O Prince Ge 10 USUAL OCCUPATH 11 TYPE OF WORK FOR MOST O FOREMAN 10 STREET ADDRESS / MIDDLE ADDRE 20 ADDRE 21 ADDRE 22 ADDRE 23 ADDRE 24 ADDRE 25 ADDRE 26 ADDRE 27 ADDRE 28 AD	YRS RCOUNTY CORRES ON F WORKING LIFE) ZIP CODE Lan Str	Count 12b KIND OI 1NDUSTRY Const Ceet 20 Juliar APPROXID BETWEEN C	ruction
PLACE (STATE OR FOREIGN PLACE (STATE OR FOREIGN PRISON OF DEATH DESIDENCE (IF NURSING HOME OF THE STATE OF THE NURSING HOME OF THE STATE OF THE NURSING HOME OF THE STATE OF THE NURSING HOME OF THE NURSIN	The CITIZEN OF WHAT U.S.A. 11. NAME OF HOSP (IF NOT IN SUCH FACIL AMT DOCTO OR OTHER INSTITUTION GIVE R UNTY P.G. ARMED FORCES? 166. S GIVE WAR OR DATES) 12. anly one cause per line in SEC BY: IATE CAUSE (a) DUE TO, OR AS (b) CONDITIONS CONTRI	T COUNTRY? 8 MA WID PITAL, NURSING HO FURTHER STREET ADDRES DESIDENCE BEFORE ADMISSI- CITY OR TOWN IVERDALE SOCIAL SECURITY N 3 01 9772 9 101, (b), and ic. A CONSEQUENCE A ACONSEQUENCE A ACONSEQUENCE OF	ARRIED X NEVER A OWED DIP OME OR OTHER INST SION 13d INSIDE C YES THE IS MOTHER'S Mary NO 17 INFORMA Anna M OF MARY OF MARY LEUT NOTRELATED	MARRIED 9 1 VORCED TITUTION 120 11 120 120 120 130	Prince Ge O USUAL OCCUPATION TYPE OF WORK FOR MOST OF FOREMAN STREET ADDRESS / MIDDLE ADDRES	YRS RCOUNTY CORRES ON F WORKING LIFE) ZIP CODE Lan Str	OF DEATH Count 175 KIND OI INDUSTRY Const Ceet 20 Juliar APPROXIM	y M F BUSINESS OF Truction 0737
DR TOWN OF DEATH DATE ESIDENCE (IF NURSING HOME OF THE LIBE COLUMN OF DEATH PR'S NAME IN ENTOCENTO DECEASED EVER IN U.S. A NO OR UNIKNOWN) I IF YES. G VI AND CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA ON OR	U.S.A. 11. NAME OF HOSP (IF NOT IN SUCH FACIL AMI DOCTO OR OTHER INSTITUTION GIVE R UNITY P.G. ARMED FORCES? 1665 SED BY: IATE CAUSE (a) DUE TO, OR AS (b) DUE TO, OR AS (c) CONDITIONS CONTRI OTE CA.	MA WID PITAL, NURSING HO ILITY, GIVE STREET ADDRES OTS HOSD RESIDENCE BEFORE ADMISS CITY OR TOWN IVERTALE LAST SOCIAL SECURITY N 3 01 9772 A CONSEQUENCE ACONSEQUENCE ACONSE	IS MOTHER MARY NO 17 INFORMA Anna M OF MARY LBUT NOTRELATED	WARRIED TO VORCED THUTION TO THE THUTION THE THUTION TO THE THUTION THE THUTION TO THE THUTION THE THUTION THE THUTION THE THU	Prince Ge O USUAL OCCUPATION TYPE OF WORK FOR MOST OF FOREMAN STREET ADDRESS / OO6 Sheric ADDRE ADDRE Ento same	Orges' ON	Count 12b KIND OI 1NDUSTRY Const Ceet 20 Juliar APPROXID BETWEEN C	FBUSINESS OF Fruction 0737 Inie
ESIDENCE (IF NURSING HOME CONTENTS NAME IN THE PRIS NAME	AMI DOCTO OR OTHER INSTITUTION GIVE R UNITY 13:C ARMED FORCES? 16b. S GIVE WAR OR DATES) 12:C anly ane cause per line in SED BY: (b) DUE TO, OR AS (c) DUE TO, OR AS (c) CONDITIONS CONTRI	SOCIAL SECURITY NO 101, (b), and ic. A CONSPOUENCE ACONSTOUENCE	Is MOTHER INSTITUTE OF POPULATION AND AND AND AND AND AND AND AND AND AN	G County ITY LIMITS? IS MAIDEN NAME FIRST TO CE TY 1980	PO USUAL OCCUPATION TYPE OF WORK FOR MOST OF FOREMAN JUSTINEET ADDRESS A MIDDLE ADDRE ADR	ZIP CODE Lan Sta	IZA KIND OINDUSTRY Const Const Juliar APPROXIMA BETWEEN O	FBUSINESS OF Fruction 0737 Innie
WI and R'S NAME IS NAME R'S NAME R'S NAME IN ETHIODER TO DECEASED EVER IN U.S. A NO OR UNKNOWN) CAUSE OF DEATH LETTER PART I. DEATH WAS CAUS IMMEDIA Conditions, if ony, which ave rise ta immediate buse (a), stating the anderlying couse last. CHE POST	AMI Docto OR OTHER INSTITUTION GIVE R UNITY P. G. R- MIDDLE ARMED FORCES? 1665 SED BY: IATE CAUSE (a) DUE TO, OR AS (b) DUE TO, OR AS (c) CONDITIONS CONTRI OTHER INSTITUTION GIVE R HE CAUSE (A) CONDITIONS CONTRI OTHER INSTITUTION GIVE R AMI Docto Re- R- 13. (C) R- 13. (C) R- 13. (C) R- 13. (C) R- 14. (C) R- 15. (C) R- 16. (C) R- 16. (C) R- 17. (C) R- 18. (C) R- 19. (C)	PERSIDENCE BEFORE ADMISSION CITY OR TOWN iverdale LAST SOCIAL SECURITY N 3 01 9772 Grai, (b), and ic- A CONSEQUENCE, ACONSEQUENCE, AC	Ital of Position 13d INSIDE C YES TO 15 MOTHER'S Mary 10 17 INFORMA Anna M 11 INFORMA Anna M 11 INFORMA Anna M 12 INFORMA Anna M	G County ITY LIMITS? 138 NO 5 S MAIDEN NAME FIRST The control of the control	Foreman STREET ADDRESS / 006 Sheric ADDRE anto same	ZIP CODE lan Sti	Const	0737 nnie
TE 13h COL VI and P RESIDENT STATE PART I. DEATH IEnter of PART I. DEATH WAS CAUS CONTINUE TO THE STATE OF THE STATE O	OR OTHER INSTITUTION GIVE R UNITY 13C. C R MIDDLE ARMED FORCES? 16b. S GIVE WAR OR DATES) 12. anly ane cause per line in SED BY: LATE CAUSE (a) DUE TO, OR AS (b) CONDITIONS CONTRI OF CO. H	SOCIAL SECURITY N 3 01 9772	I 3d. INSIDE C YES Mary IS MOTHER'S Mary NO 17 INFORMA Anna M OF MARY OF	ITY LIMITS? 134 NO 1 5 S MAIDEN NAME FIRST THE TOTAL STATE OF THE TOT	OO6 Sheric ADDRE ADDRE ADDRE Co, Rec	lan Sti	Juliar	0737 nnie
RISNAME nk FET nocento DECEASED EVER IN U.S. A NO OR UNKNOWN) IF YES, O CAUSE OF DEATH LETTER C PART I. DEATH WAS CAUS IMMEDIA onditions, if ony, which ave rise to immediate puse (a), stating the nderlying couse last. ORT 2 OTHER SIGNIFICAN CHE POST	ARMED FORCES? 16b. S GIVE WAR OR DATES) 12. anly ane cause per line in SED BY: LATE CAUSE (a) DUE TO, OR AS (b) DUE TO, OR AS (c) CONDITIONS CONTRI	SOCIAL SECURITY NO 3 01 9772 Stai, (b), and ic. A CONSPOUENCE A CONSPOUENCE ACONSTOUENCE OF	Mary NO 17 INFORMA Anna M OF MY, La OF MY, La OF MY, La	s MAIDEN NAME FIRST TO THE TOTAL STREET	ADDRE same	as 136	Juliar	nie
CAUSE OF DEATH LETTER C PART I. DEATH WAS CAUS IMMEDIA onditions, if ony, which ave rise to immediate puse (a), stating the inderlying cause last. ORT 2 OTHER SIGNIFICAN CHE, Pros. T	anly ane cause per line in SED BY: ATE CAUSE (a) DUE TO, OR AS (b) DUE TO, OR AS (c) CONDITIONS CONTRI OF E CO. H	3 01 9772 Grai, (b), and ic Heume A CONSPOUENCE, Chess ACONSTOUENCE, Chess Constouence	Anna M	-yngeol	conto same	as 13e	APPROXII BETWEEN C	AATE INTERVAL INSET AND DEATH
CAUSE OF DEATH IEnter of PART I. DEATH WAS CAUS IMMEDIA on ditions, if only, which are rise to immediate puse (a), stating the inderlying couse lost. ART 2 OTHER SIGNIFICAN CHE, Pros To	DUE TO, OR AS DUE TO, OR AS (b) DUE TO, OR AS (c) CONDITIONS CONTRI	ACONSPOUENCE ACONSTOUENCE CACONSTOUENCE	of onchifi	3		urren		MATE INTERVAL INSET AND DEATH
onditions, if ony, which are rise to immediate puse (a), stating the inderlying cause last. ORT 2 OTHER SIGNIFICANT CHE, Pros Fi	DUE TO, OR AS, DUE TO, OR AS, (c) CONDITIONS CONTR	a consequences a checost aconstouence va cheo be	of onchifi	3		urren		
	196 CONDITION	FOR WHICH OPER		S/P	200 AUTOPSY?	20b. IF YES.	WERE FINDIN	GS USED
ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DI	DEATH HOUR A.M.	URY MONTH DAY Y	EAR 216 HOW IN		(ENTER NATURE OF INJUR			ПО
	21e. PLACE OF IN				CITY OR TO	VN	COUNTY	STATE
I certify that (1) (this hasp	00 12/19	19.85		19 <u>89</u> (aur) apinion deo	to Dece	te and haur d	and from the c	out (D (we) la
	Now the body after	death.	DEGREE	ATTENDING D	MEDICAL _ STAF	F		
PHYSICIAN'S NAME +	cewitz	577.0				7d.	y for b	X. # 0
al, CREMATION, REMOVA Burial	AL 23b. DATE	T 22 ALAME	OF CEMETERY OR C					
	INJURY OCCURRED HILE NOT WHILE SOW AT WORK TO Lecrify the OLIVINIS NO. Sow the deceased olivened of the occupant of the occu	INJURY OCCURRED INTER OF INVESTIGATION AT WORK AT WORK 1. Certify tha (1) (this haspital) attended the decision of the control of the con	INJURY OCCURRED ALL certify that (1) (this haspital) attended the deceased from 1985 Saw the deceased alve to 1995 BENEFIT OF THE PHYSICIAN'S NAME arms of PRINT	216. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FARM, ETC.) 216. LOCATIC STREET 217. LOCATIC STREET 218. LOCATIC STREET 219.	21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE FARM, ETC.) 21f. LOCATION STREET 22f. LOCATION STREET	INJURY OCCURRED 216. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATION STREET CITY OR TOWN STREET CITY OR TOWN	216. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE FARM, ETC.) 216. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE FARM, ETC.) 216. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE FARM, ETC.) 216. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE FARM, ETC.) 216. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE FARM, ETC.) 216. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE FARM, ETC.) 216. LOCATION STREET (ITY OR TOWN STREET STREET (ITY OR TOWN STREET (ITY OR TOWN STREET STREET (ITY OR TOWN STREET STREET	216. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE FARM, ETC.) 216. Location STREET 217. LOCATION STREET 218. LOCATION STREET 219. Significant of the deceased from Significant of the deceased from Significant of the deceased division of the

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



FOR - STATE REGISTRAR DECEASED NAME

FEMALE

COUNTRY

130 STATE

TO BIRTHPLACE ISTATE OF FOREIGN

WASH. D.C.

IN CITY OR TOWN OF DEATH

TYPE OR PRINTI

3 SEX

FIRST

136 COUNTY

P.G.C.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO MIDDLE 20 DATE OF DEATH MONTH DAY VEAD 2h HOUR Enslow December 31. 1985 3:40a M 5. DATE OF BIRTH A AGE LIN YEARS LAST BIRTHDAYS 62

1703

Elaine H. 4 RACE

U.S.A.

WHITE 76 CITIZEN OF WHAT COUNTRY?

DEC. 29, 1923 MARRIED NEVER MARRIED

NOF

IS MOTHER'S MAIDEN NAME

9 BALTIMORE CITY OR COUNTY OF DEATH DIVORCED

Prince George's 120 USUAL OCCUPATION

12h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Leland Memorial Hospital USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 136 CITY OR TOWN

HYATTSVILLE

WIDOWED

NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

HET PER SCHOOL FOOD SERV 13e STREET ADDRESS / ZIP CODE

20783

Md. 14 FATHER'S NAME

Riverdale

MIDDLE In WAS DECEASED EVER IN U.S. ARMED FORCES?

LAST PUBEKTS 166 SOCIAL SECURITY NO

17 INFORMANT

YESXX

CARMEN

MIDDLE MABEL

LUCK

(YES, NO OR UNKNOWN) NO

HEYES GIVE WAR OR DATEST

78-24-4114A 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)

KENDALL A. ENSLOW

SAME AS ITEM #13

NORTON RD.

Conditions, if ony, which gove rise to immediate cause (o), stoting the underlying cause last

PART I. DEATH WAS CAUSED BY

ANTHONY

IMMEDIATE CAUSE (o)_

DUE TO OR AS A CONSEQUENCE OF DUE TO OR AS A CONSEQUENCE OF

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER)

supplement [

21d INJURY OCCURRED

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

AT HOME STREET, FACTORY, OFFICE FARM ETC 1

21f LOCATION

20g AUTOPSY? NOX 20h, IF YES, WERE FINDINGS USED. IN CERTIFYING CAUSES OF DEATH? YES [NO I

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

COUNTY

CERTIFICATION

MEDICAL

00

ā

220 1 certify that II this hospital) attended the deceased fram.

P.M

21e PLACE OF INJURY

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

CITY OR TOWN

and that in (my) (aur) opinian death occurred an the date and haur and fram the causes stated

STATE

22d PHYSICIA TO THE OR PRIN

77h SIGNATU

BURIAL

230 BURIAL, CREMATION, REMOVAL

23b DATE 1-3-1986 23c NAME OF CEMETERY OR CREMATORY CHELTENHAM VET. CEM.

22e. ADDRES

23d LOCATION CHELTENHAM

P.G.C.

Md.

DHMH - 16 60M 7/84

24 FUNERAL DIRECTOR W. W. CHAMBERS CO. (VRA 15, 4)

RIVERDALE, Md. 20737

JRAR 256. REGISTRAR'S SIGNATURE was the recom

BP.

TO FUNERAL DIRECT should be detoched fwith the State Dept. of

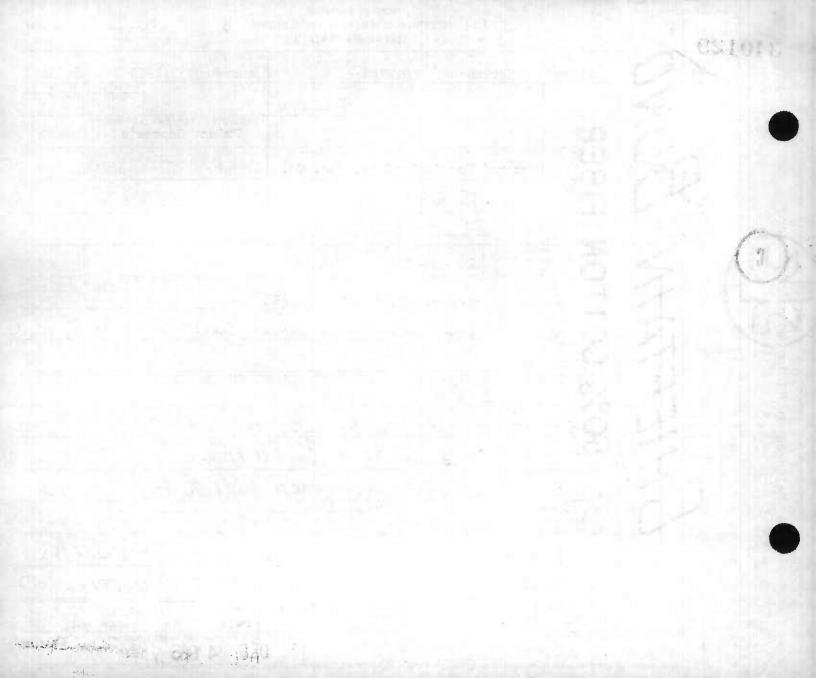
Con A county and the second control of the s Total in the second to the sec TATE OF SECURITIES OF SECURITIES OF SECURITIES AND SECURITIES OF SECURIT ATTICAL II. SOUSCESS OF. THE STATES OF SOUSCESS

40129	1	FOR STATE - REGISTRAR			DEPARTN	CERTIF	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 3	3 NO.	5	. 4 5
The sh		CEASED NAME OR PRINT)	fred	Herm	an F	ENTZIA	ast AN	2a. DATE OF DEATH December	2,1985	YEAR	2b. HOUR 5:45A AA
Mer de	3. SE			4 RACE Whit		5. DATE C		6 AGE (IN YEARS LAST	BIRTHDAY) IF	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
on 72 to	V	RTHPLACE (STATE ORFO 15'C'onsin		75. CITIZEN OF V	WHAT COUNTRY?	MARRIE WIDOWE	VV	9 BALTIMORE CITY Prince	George'		MD.
11 10	Lá	ty or town of dea anham		octors	Hospita.	L of	Prother institution	IZO USUAL OCCUPA ITYPE OF WORK FOR MOS Farmer		12b. KIND O INDUSTRY Agric	ulture
hould be	13a S Ma	AL RESIDENCE (IF NURSI TATE LTy Land	INCOUN		GIVE RESIDENCE BEFORE			13e STREET ADDRES 2901 Mill	s ZIP CODE Branch I	Mitc Place	hellvill 20716
Cond 2	Ru	idolph			ntzian		Augusta	MIDDLE	I	Bauer ^{1^s}	.3
1 1/	16a V	VAS DECEASED EVER (VES OOR UNKNOWN)		MED FORCES? E WAR OR DATES)	217-36-6		I7 INFORMANT Elaine Entzi		E AS #13		
d by the attending physicians immove corban palph iol cremation, as removal of other traumatic event, it	7	Conditions, if ony, gove rise to imm couse to, stating underlying cause	AS CAUSE IMMEDIAT which ediote	D BY: E CAUSE (o) DUE TO, OF	CARDIU-	PULM NCE OF PIRA	TION OF GASTI		, NF	APR.	MATE INTERVAL ONSET AND DEATH
this certificate has been signed by the certificate has been signed to be build the state of the	MEDICAL CERTIFICATION	PART 2 OTHER SIGN 19a DATE OF OPERAT 12 / 8 21a, ACCIDENT WAS UND OR COMPRISHED OF COLUMN 19E ETHER SOUPY MEDIC 21d. INJURY OCCURR WHILE NOT WHILE	ON S ERLYING AUSE OF DEA AL EXAMINER ED	3/p C 196 EONDI Repai 1 216. TIME O TH HOUR A.	TION FOR WHICH TO LOCALE FINJURY M. MONTH DAM M. I SO FINJURY OFF INJURY OFF	OPERATION STATES	NOT RELATED TO THE TERM N WAS PERFORMED R. L. C. 211. HOW INJURY OCCURR THE A H	200 AUTOPSY? YES NOTE NOTE RED (ENTER NATURE OF IN RT. LY	20b. IF YES, V IN CERTIFYIN YES [NJURY IN ITEM 18 PART	VERE FINDING CAUSES	NGS USED
DRECTOR After occupance of on DRECTOR After occept for one ox to Depts of Needle occupance of the occupance of the occupance of the occupance of the occupance occupan		22a. I certify that (I) saw the decease obove, (I) (we) (d	d olive on,	12/1/	y deceased fram	55.01	d that in (my) (aur) opinion of DEGREE	to, to	AFF		
TO FUNERAL should be der orth the Store MPORTANT.		22d. PHYSICIAN'S NA BANYONG	ME (TYPE OF	KSHUVE			PHYSICIAN 220 ADDRESS	NBUT RD	SICIAN [3c PA	RK, MJ
BP	23a B	URIAL, CREMATION, P SPECIF Burial	REMOVAL	Dec. 5			MHEY Sh ^{CREMAYO} K Cometery		cince Geo	ounty orge M	lary Land

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Jonald V. BorgwardtBeltsville, Md. 20705

Bowie Prince George Mary Land 250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE DEC 4 1985



STATE OF MARYLAND

PIRME STORE TO BE OF THE HE WAS AND THE TO STORE THE 1000

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	D.			
	ECEASED NAME FIRST	M	IDDLE	L	AST	20 DATE OF DEATH	MONTH DAY	YEAR 2t	. HOUR	
(")	Matri	s Da	vis	Eu	bank	December 1	1, 1985	9	:20	PM
3 S		4 RACE		5. DATE C	F BIRTH	6 AGE (IN YEARS LAST BIRT			UNDER 2.	
F	emale	Caucasi	an	MONTH	DAY YEAR	59	YRS	HS. DAYS . H	IOURS	MIN.
70	BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF V	VHAT COUNTRY	? 8.	NEVER MARRIED	9 BALTIMORE CITY O		DEATH		
/L _N	orth Carolina	U.S.A.		WIDOWE			arce			MD.
	CITY OR TOWN OF DEATH	11. NAME OF H		ING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATH	ON 1	L KIND OF B	BUSINES	
To	heverly		George		1 Hospital	Housewife		Own Ho	me	
US	UAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION	GIVE RESIDENCE BEFO	RE ADMISSION)			1-1-1-1	(/#11 110	mo	
21	arvland F		Hvatts		13d. INSIDE CITY LIMITS?	5118 Kenil		wo #1	1 20	781
	FATHER'S NAME	Pelie	Balling	TITE	15 MOTHER'S MAIDEN N	AME	WOI CH A	VC. #1	1 20	770.
40	illiam	WIDDIE	Davi		Myrtle	WIDDLE		Kirk		
	WAS DECEASED EVER IN U.S. A		166 SOCIAL SEC	- 140	17 INFORMANT	ADDRE	SS	MARK		
N		GIVE WAR OR DATES)	579-28-	1130	Wn Dichand	0. Eubank,	Cama ag	Tine	#13	
-13	18 CAUSE OF DEATH (Enter)				A A) Eusting	Decime tel	APPROXIMA BETWEEN ONS	TE INTERV	AL
	PART I DEATH WAS CAU	SED BY.	Onob	10	the out to	us		6)	Pol	EAIL TO
	IMMEDI	ATE CAUSE (a)	Com wo	2-0-1	1 111	101			-	
	Conditions, if any, which	DUE TO, OR	AS A COMSEO	ialle	tes Mes	ledus		1000	ws	
	gove rise to immediate couse (a), stating the	(6)		uruse de S				9	- 12	
	underlying couse tost.	DUE TO, OR	AS A CONSEO	DENCE OF	Pelu	9		Ore	(se	0
Ar.	PART 2 OTHER SIGNIFICAN	CONDITIONS CO	INTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN I	N PART IIo		
Z										
CERTIFICATION	190 DATE OF OPERATION	19b, CONDIT	TION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WE			
E		X E				YES NO	IN CERTIFYING		NO T	17
T E	210. ACCIDENT WAS UNDERLYING	LIOUS AA	NJURY A. MONTH	DAY VEAD	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I	OR PART 2)		
4	OR CONTRIBUTING CAUSE OF E	EATH		DAT TEAK						
MEDICAL	21d INJURY OCCURRED	21e PLACE C	OF INJURY		211 LOCATION	CITY OR TO	WN	COUNTY	STA	ATE
Z	WHILE NOT WHILE	(AT HOME STRE	ET, FACTORY OFFICE	FARM ETC)	SIKEEI	CHTORIO			312	
	22a I certify that (I) (this has	pital) attended the	deceased from	11-	Zm . 19.8	- to 2	. 19_	Pf. the	ot (1) (we	e) last
	sow the deceased alive above, (I) (we) (this result	not view the bridge	fter death.	85, on	nd that in (my) (our) opinio	n death occurred on the do	te and hour and	from the cor	uses state	ed

TO FUNERAL DIRECTOR. autiful be detached of the Seale Dept.

MPORTANT

DHMH - 16 60M 7/B4 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 12-16-85

Ohannes Sahakian, M.D.

226 SIGNATURE

23c. NAME OF CEMETERY OR CREMATORY

22e ADDRESS

DEGREE

ATTENDING PHYSICIAN

5632 Annapolis Road, Bladensburg, Md. 23d LOCATION

MEDICAL STAFF
DIRECTOR PHYSICIAN

220 DATE SIGNED

12-12-85

F. Garchs Son Funeral Home, P.A. 4739 Baltimore Ave., Hyattsville, Maryland

23b. DATE

Maryland Veterans Cem Cheltenham, P.G., Maryland

250 DATE RECD. BY REGISTRAN 256 REGISTRAN AND THE PROPERTY OF THE PROPERTY O

...tria basis minute months 1.25 %: 10 months 11, 125 %: 10 months maked and months maked and months maked and months maked and months and mont

Y

The feet of x

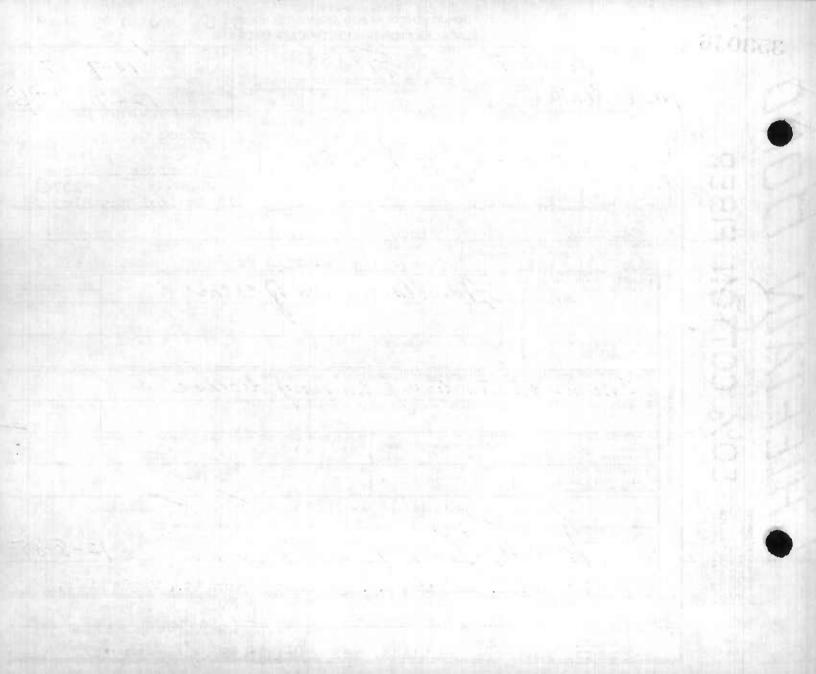
Sens tunnielts tond, Fladenshurs, Md.

numbed I'm and Marylan of order or. Cheltooner, L.C., threliand S. Camping Tork Number of Street or and the control of the street of the stree

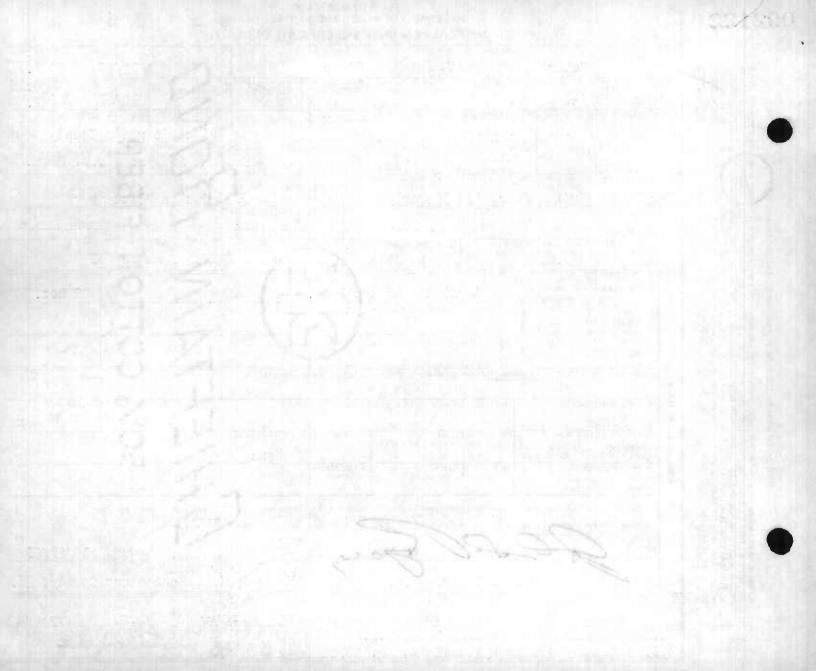
Channes Sahaling M. M.

						STAT	TE OF MA	ARYLAND					
		1	FOR - STATE		D	PEPARTMENT OF	HEALTH A	AND MENTAL	HYGIENE	17	3 5		1 1
no	5144	1	REGISTRAR		MED	DICAL EXAMIN	ER'S CE	RTIFICATE	OF DEATH	REG. N	10		
000			DECEASED NAME	FIRST		MIDDLE	L	.51	20 DA	TE KNOWN	HTMOM [DAY YE	AR 2b. HOUR
	was as		TYPE OR PRINT)	D1	T	FITCH	_	1 11		F ESTI-		20	
	EAS SEET SEET SEET SEET SEET SEET SEET SEE	2	SEX	Darl	ene Is. date of birth		ARS IF UND	alwell			12	20 19 E	
	STATE		FEMALE	BLACK	MONTH DAY	YEAR LAST BIRTHDA		DAYS HOURS	ER 24 HRS. 2c. D	OUNCED	MONTH	DA1	2d HOUR 3:44
,	N S S S S S S S S S S S S S S S S S S S	1	LEMALL	DLACK	AUG 31,		RS.	100	D	EAD	12	20 19 8	85 3.4%
-	SA X HES	70	BIRTHPLACE (ST	ATE OR	76. CITIZEN OF WH	IAT COUNTRY?	8. MARRIET	XX NEVER MA	PRIED 9. BAI	TIMORE CITY	OR COUNT	Y OF DEAT	Н
	S NECESSARY, PLEASE E FUNERAL DIRECTOR. E 5 FOR YOUR FILES. ED WITHIN 72 HOURS W. PRESTON STREET,	2	MARYL	AND	USA		WIDOWE		RCED Pri	nce Geo	orge's	Coun	ty, MD
100	る声品品	/ 10	CITY OR TOWN	OF DEATH		PITAL, NURSING HOME	, OR OTHER	RINSTITUTION	12a USUAL OC	CUPATION (TY	PE OF WORK		F BUSINESS
	A DATES	5	Camp S	Springs		Air Force B	ase H	ospital	REGIST	CERED I	NURSE		ALTH
=	SP SP	U:		(IF IN NURSING HOME C	OR OTHER INSTITUTION, GIV	E RESIDENCE BEFORE ADMISSIO	ON)		1.			2117	201
21201	2. AND 3 TO THE FUN. 3. RETAIN PAGE 5. F. S.HOULD RE FILED W. AURECORDS, 20 W.	51	STATE MD	13b. COUN	UPPE	136. CITY OR TOWN ER MARLBOR		BE THE CONTRACT OF THE STATE OF		CHEST)	ER GR	OVE	RD.
9	A.S. 3.		FATHER'S NAME				1	S MOTHER'S MA	IDEN NAME				
W	E-WS	0	HERBE	ייםי	MIDDLE	FITCH		JOAI	TNT	CHAPP	ELL	LAST	
12	23570	1 16	. WAS DECEASED	EVER IN U.S. ARA	MED FORCES?	16b. SOCIAL SECURITY	(NO. 1	7. INFORMANT	ATA	ADDRES			
(E	GIVE PAGES DIVISION		(YES NOR UNKNO	WN) (IF YES, GIVE	WAR OR DATES)	217-72-4		MR. MA	ARYIN L.	FALW	ELL S	AME	AS 13e
12	PA P	+	Tin Chileen	EDEATH (E.					- // \-				
1			18 CAUSE O PART I DE	ATH WAS CAUSE	ly ane cause per line:								IMATE INTERVAL ONSET AND DEATH
NO	IIN 24 IIO IN ITE ALON ISIT PERMIT HYGIENE, MOVAL		01	IMMEDIAT	L CHOSE (G)	ultiple inj							
EST	N A S A S A S A S A S A S A S A S A S A		101	20	DUE TO, OR	AS A CONSEQUENCE C	OF .					10.00	
E	A A NEW A			ns, if any, which se to immediate	(b)								
≥	PENCIL PENCIL AMINER L-TRANS AENTAL H	(6)	cause (a) lying cau	stating the under-	DUE TO, OR	AS A CONSEQUENCE C	OF			A PARTY			
201	SA EXE		lying cab	se idsi.	(c)								
DIVISION OF VITAL RECORDS, 201 W. PRESTON	HOULD BE EXECUTED WITHIN \$\frac{2}{2}\) IN PENCIL IN ITEM-HIEF MEDICAL EXAMINER ALON USED AS A BUBIAL - TRANSIT PEROF HEALTH AND MENTAL HYGIES RIAL, CREMATION, OR REMOVAL		PART 2 OTHER SIE	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMI	INAL OISEASE O	R CONDITION GIVEN IN	PART 1 io				
Ö	MEDION AS A SALTH CREW	13											
<u>a</u>	EAA A EAA	7	190 DATE OF	OPERATION	19b. CONDIT	ION FOR WHICH OPER	ATION WA	PERFORMED?				20. AUTO	PSY?
Z.	MA PERSON	1	£										
2	THE CHIEF JID BE USED MENT OF HI	#	2 Ig. EXTERNA	L CAUSE WAS	21b. TIME OF	INJURY	1216 HOV	V IN HIRY OCCUP	RED (ENTER NATURE C	TE INTURY IN ITEM 16	PART LORBAR	YES	X NO 🗆
0	SHEDES	1	UNDERLYING	X OR		MONTH DAY YEAR					TI ANT TORTAKI	, 2,	
ō	PAR OF THE		UNDERLYING CONTRIBUTION 21d INJURY CONTRIBUTION	NG CAUSE OF E		12 20 ₁₉ 8	21f. LOCA		auto/bus	impact			
<u> </u>	DE 33		WHILE			ORY, FARM, ETC.)	STR	EET		RTOWN	COUN	NTY	STATE
۵	E. WRITING THE WOR RWARDED TO THE CH PAGE 3 SHOULD BE U STATE DEPARTMENT C	1	AT WORK	NOT WHILE	ro	oad	Sui	tland Pa	rkway, Fo	restvil	lle, P	.G. C	O, MD.
	PE STE	1	22a. I certif	y that I tuck charg	Solde remains desc	rediabove, held on	Autapsy	X Inspec	tion . Inou	piry . at	nd in my apir	nion	
	NE TENT		death resulte	d from	aledon	Land X Sun		Hamicide	Undetermine				
	SE BENE				77	1/10/		TITLE (SPECIFY)	Ondetermine	indiller,			
	A. Y. C.	10	ACTUAL SIGNATURE	/()	mondo	W /16/			nie Fredical E		DATE	12/	21/85
	SE SE SE	7	SIGNATURE,	1	VI		M.D	accing C	TAC MEDICAL E	CAMINER	SIGNED)()	21/03
	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE PORN TO FUNERAL DIRECTOR: P AFTER DEATH, WITH-THE ST BALTIMORE, MARYLANDS-3	1	EXAMINER'S	NAME Tho	mas D. Smi	ith. M.D.		1	ll Penn S	t. Balt	O.MD		
	AFT AFT	72		ION, REMOVAL 2		23c NAME OF CEM			123d. LOCATIC				
		13	BURIAL						CITY OF TOWE	4	COUNT		STATE
07/84 25M	BP	2	FUNERAL DIREC		12/24/85	HARMONY	MEM	ORIAL I	ARK LA	NDOVER	PC)G	MD.
	DHMH - 17		ARSHALL	IO TITIATE	ADDRESS_	4217 9TH	ST.N	.W. DA	E REC'D. BY REGIS	TRAK TOB REG	IDIKAR'S SK	GNA URE	92.
	(VR A15 ME (5))	IVI	AUSUALI	LO LONE	KAL HOMI	E WASH, D.	C.	AL	V JU NO	June	WHAT PROPERTY	af	1

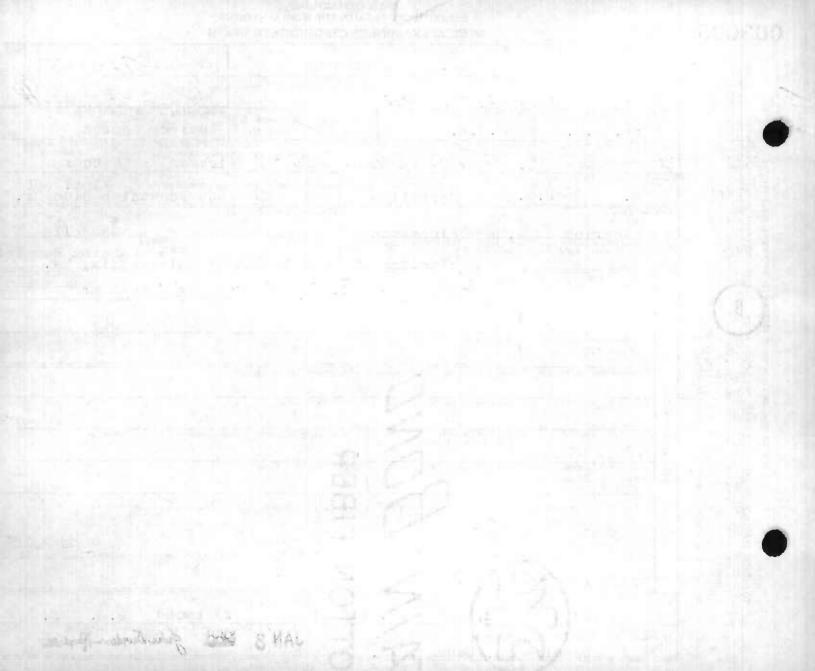
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 353016 REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN /incent (TYPE OR PRINT) 000 DEATH MATED 6. AGE (IN YEARS IF UNDER TYR. IF UNDER 24 HRS 20 DATE LAST BIRTHDAY) PRONOUNCED Fab 14 1917 DEAD 68 YRS 76. CITIZEN OF WHAT COUNTRY? BIRTHPLACE ISTATE OR MARRIED X NEVER MARRIED Prince George Washington DC USA WIDOWED DIVORCED . CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Truck Driver Safeway Inc 1136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS NO George Capitol Hts 510 Capitol Hts Blve 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST Ficco Carmello Louise Mancini 140 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) Georgia Price Same as #13 Yes WWII 578-01-5365 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (g), (b), and (c). PART I DEATH WAS CAUSED BY: deno carrendona of IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 racy disease 19a DATE OF OPERATION 1%. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 71d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN COUNTY WHILE AT WORK 270. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinion death resulted fram: / Natural causes Accident L Homicide __ Suicide Undetermined manner DATE 12-8-85 TITLE (SPECIFY) Deputy MEDICAL EXAMINER EXAMINER'S NAME Augusto P. Rodriguez, M.D. ADDRESS 5009 Rayburn Ct., Temple Hills, Md 23g BURIAL CREMATION REMOVAL 23b DATE 237 NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) STATE Burial 11Dec1985 Resurrection Cemetery 25M 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR NAME Robert E Wilhelmess **DHMH - 17** Gelievskir door Bandott (VR A15 ME (5)) Suitland, Md. Funeral Home



0021	22		FOR STATE			DEPARTA	STA1		ARYLANI AND ME		GIENE	5	3	5	1 5	1
			REGISTRAR	/	MI		XAMIN	ER'S CI	ERTIFIC	ATE OF	DEATH		EG. NO.	Bro.		1
			CEASED NAME E OR PRINT)			MIDDLE		L	AST		20.	DATE KNO	WN X MOR	NTH DAY	YEAR	12 HOUS
25 S	48E	-		Peter		F.			eran			EATH MAT	ED 12	/27	19 85	A. ,
22	T CHE	1 SEX		4. RACE	5. DATE OF BIRTH	VFAR	6. AGE (IN YEA LAST BIRTHDA 65 YR	RS IF UND		HOURS /		DATE	MON	TH DAY		6:195
P. P	OZZO V		ale	White	11 07	1920		S.				DEAD		/27	19 85	A. A
SESS CONTRACTOR	SEE	FO	REIGN COUNTRY		U.S.A.	HAI COUNT	IRY?			ER MARRIED			CITY OR CO			
왕조	201/7		TY OR TOWN O	on, D.C.	II. NAME OF HO	SPITAL NIID	SING HOME	WIDOWE		DIVORCED	P P	rince	George N (TYPE OF WO	'S C	ounty IND OF BUS	ME
AND THE PERSON NAMED IN COLUMN TO SERVICE AND THE SERVICE AND THE PERSON NAMED IN COLUMN TO SERVICE AND THE PERSON	8		Chever1	ly	(IF NOT IN SUCH !	Joslyn	Place		KINSTITUTI	ION I	Progr	of working li	alyst	U.S	S. Gov	rt.
1	Mark Control	13a. S		13b COUN		13c. CITY	or town verly		3d INSIDE CITY	Y LIMITS? I	3e STREET 6313	Josly	n Plac	e 207	85	
MD II. 1	M 3.	14. FA	THER'S NAME		MIDDLE-		AST			R'S MAIDEN	NAME	MIDDLE				
DEA J	A PA		Joseph				ieran			hristi	ine			Het	tenke	mer
TER		(YI	ES, NO, OR UNKNOV	EVER IN U.S. AR/	MED FORCES? WAR OR DATES)		IAL SECURITY		7. INFORMA		/**		DRESS	#10		
SAF	WITH FOR		Yes				18-584	8	June 1	rinera	an (W:	ire) S	ame as			
ST.,	AE, D.		PART I DE	F DEATH (Enter an ATH WAS CAUSE	ly one cause per lin			+ho 1						BEI	APPROXIMATE I TWEEN ONSET	AND DEATH
ON 24 H	YAL YAL		100	IMMEDIAT	E CA03E (0)		ma of		ung.						9 mos	· .
RESI NE	VER ALON ANSIT PEI AL HYGIE REMOVA		Candition	s, if ony, which	00210,0	CAS A CONS	SEGUENCEC	/ P								
N N N	AINE OR R			e ta immediate stating the under-	(b)	R AS A CONS	SEQUENCE C	NE .								
201 N P			lying cous	se last.	(6)											
SX.	WEDICAL EXA AS A BURIAL ALTH AND MI CREMATION,		PART 2 OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELAT	ED TO THE TERMI	NAL OISEASE (OR CONDITION (GIVEN IN PART	1 (a).					
ECO!	CHIEF MEDIC USED AS A E OF HEALTH /	O					None									
MI RI	A HE A	CAT	19a DATE OF	OPERATION	196. COND	ITION FOR W	VHICH OPERA	ATION WA	S PERFORM	AED?		- 1		20	AUTOPSY?	
VIT.	H H H H H H H H H H H H H H H H H H H	CERTIFICATION	Non									-1 9	14.3		YES 🗆	NO X
A PEN	트를쌓은		210. EXTERNAL UNDERLYING	OR		M. MONTH	DAY YEAR	21c HO	W INJURY C			RE OF INJURY IN	ITEM 18 PART 1 O	R PART 2)		
SION STIFIC	O S S S	MEDICAL	CONTRIBUTION 21d INJURY O	G CAUSE OF D		OF INJURY	19	211 100	ATION	None	2					
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD HIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. I WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2.	WARDED PAGE 3 S STATE DEI	MEC	WHILE AT WORK		STREET, FAC	CTORY, FARM, ETC	(AT HOME,	211 LOCA			CIT	Y OR TOWN		COUNTY		STATE
ATE.	HE SI		22a. I certify	y that I taak charg	e of the remains de	scribed abov	e, held an	Autopsy	□.	Inspection		nquiry X	ond in my	y opinian		
TIFIC	ECT BE		death resulte	d fram: Natur	ol couses X,	Accident	, Suic	ide ,	Hamicid	de .	Undetermi	ned manner				
38	WAN WAR	B	ACTUAL	171	00	//	6.		TITLE (SPE				D.4		10107	
	SA HA		SIGNATURE	-	-		7	Luc	Depu		_MEDICAL	EXAMINER	SIC	SNED	12/27/	85
MED	ERDIN 4		EXAMINER'S N	JAME J	ohn S. Re	gers.	M.D.		DDRESS S	ilver	Sprin	y Roa	u ntgome	rv Co	ountv.	Md.
5 2 2	PAGE & SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAG AFER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120			ION, REMOVAL 2			AME OF CEM				23d. LOCAT					, , ,
07/84 RP	UTTO	(Si	Buri		12/30/85		rt Lin				CITY OR TO	twood	P.G	OUNTY	Maryl	land
25M	MH - 17	24Ft			ons Fune								REGISTRAR			e e
	15 ME (5))	47	39 Balt	imore Av	enue Hya	ttsvil	le, Md	. 207	81	EC 3	0 1985	guine	Durda	n-Most	OLDO CO	O Decree



000025	11-	FOR STATE		DEPARTMENT	OF HEALTH	AARYLAND I AND MENTAL H	V	3	5 4 5	2
008035		REGISTRAR		NEDICAL EXAM	AINER'S C	ERTIFICATE	OF DEATH	REG. NO.		
		CEASED NAME FIRST	šī	MIDDLE		LAST	2e DATE Of	KNOWN A	MONTH DAY YEAR	26 HOUR
JRS III			ncis	R.	Fleis		DEATH	MATED	7-39185	м
RY, PLEA DIRECTION DUR FIL 72 HOU ON STRE	3. SEX	hale Whit	S. DATE OF BIRT	AY YEAR LAST 8	IN YEARS IF UN IRTHDAY) MONT	IDER 1 YR. IF UNDER	MIN. PRONOL	INCED ,	-29 19 &	220UR
FINA SSA	70 B	IRTHPLACE (STATE OR PREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	8. MARR	ED NEVER MARR	IED 7 BALTI	MORE CITY OR	OUNTY OF DEATH	
S S S S S S S S S S S S S S S S S S S	1	Wash. D.C.	U.S	.A.	WIDOW			cince G	eorge	MD.
DELAY IS NECESSARY, PLEASE 31 OTHE FUNERAL DIRECTOR. IN PAGE 5 FOR YOUR FILES. DEF FILED, WITHIN 72 HOURS RDS, 201 W. PRESTON STREET,	10 C	or Jown OF DEATH	11. NAME OF H	HOSPITAL, NURSING H FRACILITY, GOVESTREET ADDITIONAL		Arile 60	FOR MOST OF WO		WORK 126 KIND OF BOR INDUS	USINESS TRY
21201 ANY AND RETA HOULL RECO			OME OR OTHER INSTITUTION OUNTY P.G.	13c. CITY OR TOV	VN New	134 INSIDE CITY LIMITS? YES NO	13e. STREET ADDI 7600	Founta	84Apt.	609 Dr.
E. MD.	14. F	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAID	EN NAME	MIDDLE	LAST	
ESE SE CO	4	Charles	R.	Fleish	an	Ann		MIDDLE	Waddell	
NO STAN		WAS DECEASED EVER IN U.S		166. SOCIAL SEC	URITY NO.	17. INFORMANT		ADDRESS		Day
ALT AFT AGE 1SIC		NO	OHE WAR ON DAVES	216-05-	4266	Rosann (Canner	Alexan	ameron Ridria, Va	un Te
TANK DE		18 CAUSE OF DEATH (Ent.	er only one couse per NUSED BY: EDIATE CAUSE (a)			e Carde	Wascu	las des	APPROXIMA	ATE INTERVAL SET AND DEATH
280 E		INVAR		OR AS A CONSEQUE	NCE OF					
THE PARTY OF THE P		Canditions, if any, w								
× × 4 × 4 × 8		couse (a) stating the un		OR AS A CONSEQUEN	ICE OF					
ON SEXA	1	lying couse last.	(c)_							
RECORDS. TRE EXECUTATION AND THE AND	Z	PARE 2 DTHER SIGNIFICANE CONDI		ATH BUT NOT RELATED TO TH	TERMINAL DISEAS	E DR CONDITION GIVEN IN PA	ART 1 (a),			
書 日本「ロ中」	F	190. DATE OF OPERATION	19b. CON	NDITION FOR WHICH	OPERATION W	'AS PERFORMED?			20 AUTOPS	Y?
T SSENSON T	F	2013							YES 🗆	NO T
DIVISION OF VITALES CHIRALES THE WORD THE WORD THE WORD THE CHIEF AS 3 SHOULD BE USED TO PRICE OF PRICES OF PRICES OF PRICES OF PRICES OF PRICES OF PRICES OF THE PRICES O	CAL CERTIFICATION	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE	HOUR A	OF INJURY A.M. MONTH DAY P.M. 1	YEAR	OW INJURY OCCURRE	ED (ENTER NATURE OF	NJURY IN ITEM 18 PART	1 OR PART 2)	T
A A B A B A B A B A B A B A B A B A B A	MEDICAL	21d INJURY OCCURRED WHILE AT WORK AT WORK		CE OF INJURY (AT HO) FACTORY, FARM, ETC.)		CATION	CITY OR T	OWN	COUNTY	STATE
WINER: T FECATE, SE FORW CTOR: P H THE ST (LAND, 2		220. I certify that I taak of death resulted fram:	charge of the remains	described obave, held	on Autap	sy . Inspectio	Undetermined r		my opinion	
AL EXAMPLE CERT HE CERT HOULD FOUND		ACTUAL SIGNATURE SIGNATURE	us Pla	duy way	M	D. (SPECIFY)	MEDICAL EXA	MINER	DATE 17-29	7-85
TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2		EXAMINER'S NAME TOLO	glay bu	nb/ 10		ADDRESS				
BATAB	23 a. B	URIAL, CREMATION, REMOV				R CREMATORY	23d. LOCATION		COUNTY	STATE
BP		Burial	Jan 2,		t. Lin		Brent		P.G. Md	
DHMH - 17	24. F	Rendon/Hale	Lanhamo	Funeral	lome	I A NATE	REC'D. BY REGISTE		AR'S SIGNATURE	
(VR A15 ME (5)) 20M 4/82		9013 Annapo	lis Rd.	Lanham,	1d. 20	706	,	0	- Alasha	60



WASHINGTON DO CO

STATE OF MARYLAND

4 The second of the second of Gill to Be to the same of the same of COLUMN FURTHER HOLE, INC.

T- STATE

REGISTRAR

STATE OF MARYLAND

J		6	No.	4	0.3	4
	REG.	NO.				
	KNOWN		MONTH	DAY	YEAR	2b. HOUR
Н	MATED	X	12/	16/19	85	M
TE			MONTH	DAY	YEAR	74 HOLLR

15		Mary Mary		Foster	OI DE A	TH MATED \$\ 12/	16/19 85
,	FE.	MALE WHITE	5. DATE OF BIRTH MONTH DAY YEAR 5414 30 1985			OUNCED	18/ 1985 A
2		RTHPLACE (STATE OR REIGN COUNTRY)	U. S. A	TRY? 8. MARRIED NEV	ER MARRIED	TIMORECITY OR COUN	
10	Н	yattsville	(IF NOT IN SUCH FACILITY, GIVE STI 6606 Z2nd P	Place	FOR MOST OF	CUPATION (TYPE OF WORK WORKING LIFE)	
16	13e S1	MD_ 13b COL	AE OR OTHER INSTITUTION, GIVE RESIDENCE BUNTY LEGREES 134.	OR TOWN 13d INSIDE CIT		1 44 / 1/2	20140
69	-	THER'S NAME FIRST MICHAEL (AS DECEASED EVER IN U.S. A	MIDDLE L	LAST DE SILEN DE SILE	R'S MAIDEN NAME AISY	MIDDLE MCAL ADDRESS POSLESVILLE	LISTER
1		S. NO, OR UNKNOWN) (IF YES, GI	IVE WAR OR DATEST	-38.462/ NANZ	Y F. DOWDY	POOLESVILL	E MD
REMATION, OR REMOVALS	NC	Conditions, if any, white gave rise to immedia cause (a) stating the <u>underlying</u> cause last.	thate CAUSE (a)	SEQUENCE OF			
JRIAL, C	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATION WAS PERFORM	AED?		20 AUTOPSY? YES 🔀 NO
OR TO BU		216 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE O	21b. TIME OF INJURY HOUR A.M. MONTH P.M.		OCCURRED (ENTER NATURE O	DE INJURY IN ITEM 18 PART I OR P	4.5
1201 PR	MEDICAL	WHILE NOT WHILE AT WORK	STREET, FACTORY, FARM, ETC		CITY O	W TOWN CO	DUNTY ST
RE, MARYLAND, 2			orag of the remains described about	Suicide , Hamicie		d manner ,	ppinion 12/18/85
Š S		EXAMINER'S NAME					

07/84 25M **DHMH - 17**

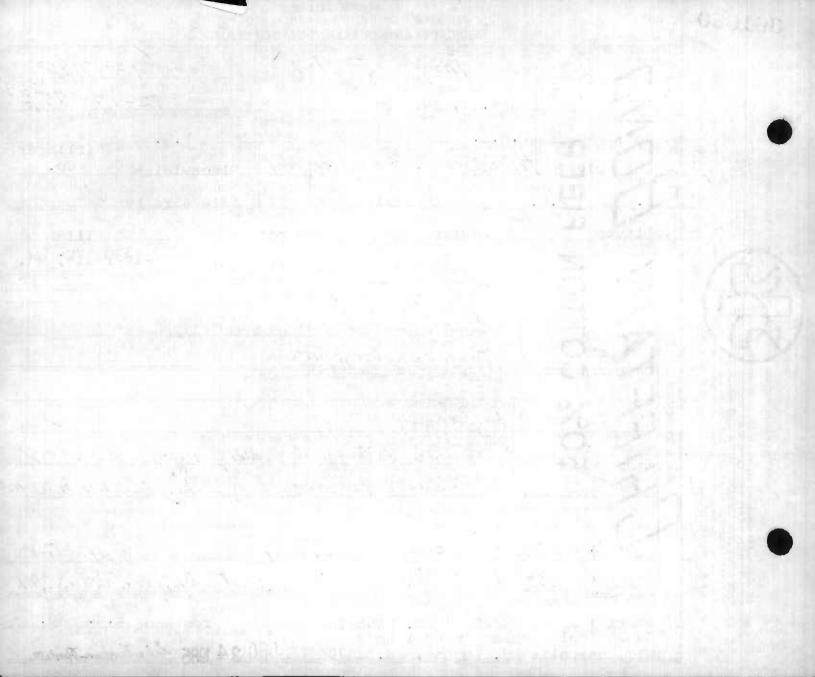
DIVISION OF VITAL RECORDS, 201 W

(VR A15 ME (5))

STIEN BUT SULVER 544 30 1984 65 L.Y.N. WILLIAM Mr. of ages where how the the test have -BICHELL FL-IN DAILY RIPERELECT See-28 2627 Herey F. Downy Poussymus age 174 Comme De 198 Fellows right of with the artist of the second secon

Token Consider whaten is Therewill AND Comment of the man

	- 00	STATE OF MARYLAND	
245	1060	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 5 5 5 . 5)
OU.		REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	50
	10	1. DECEASED NAME FRST MIDDLE LAST TO DATE KNOWN TO MONTH DAY YEAR 7%.	HOUR
u		(TYPE ON PRINT) OF ESTI-	
7	EEE S		M
2	F F F F F F F F F F F F F F F F F F F	3. SEX 4. RACE S. DATE OF BIRTH ANNTH DAY YEAR LAST BIRTHDAY MONTHS DAYS HOURS MIN PRONOUNCED MONTH DAY YEAR 25	12948
>	1 1 2 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Male While Sept. 13, 1965 205. MONTHS DAYS HOURS MIN PRONOUNCED 12-17 1985	1- W
_ 8	A Z Z E	10 BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 8 9. BALTIMORE CITY OR COUNTY OF DEATH	191
ě č	品の言語	FOREIGN COUNTRY) MARRIED LA NEVER MARRIED	
u Z	S FUNERAL DIRECTOR. E S FOR YOUR FILES D (WITHIN 72 HOUR.) M PRESTON STREET	Maryland U.S.A. WIDOWED DIVORCED PG	MD.
2	AGE FILED	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK POR INDICATION OF INDICA	Y
¥	BE FAT	Cheverly Prince (10049es Cientral Itaspolar Electrician Co.	
100	3 TOTAL	USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	01
2120 ANIV	2000	136 STATE 136 COUNTY 136 CITY OR TOWN 138 INSIDE (ITY LIMITS) 136 STREET ADDRESS	1
· "		Md. P.G. Riverdale YEX NO 5810 63rd Ave	-
. 8 3		14 FATHER'S NAME A FIRST MIDDLE LAST FIRST MIDDLE LAST LAST	
ME.	A PW	Clayton Fowler Rebecca Mills	
BALTIMORE	ON O	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	
	SAN GIVE PAGE	Pitrordalo Mo	
W 0	GIVE PANTH FOR	NO I REPORTED TO THE POWER	
ST.,	NEW PERSON	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PARTI DEATH WAS CAUSED BY: APPROXIMATE INTER BETWEEN ONSET AND	DEATH
2/	日本の日本	IMMEDIATE CAUSE O Massing Julino na months	
9	R ALC NSIT B EMOV	DUE TO, OR AS A CONSCOUENCE OF	
3	MANER ALC MANER ALC TRANSIT B INTAL HYG OR REMOV	Conditions, if any, which	
	22658	gave rise to immediate (b) CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF	
201 V		lying couse last. Bankan Shull charlese	
2,	3200	(c) Spritter Spite 1/16	-
DIVISION OF VITAL RECORDS,	PENDING' PENDING' PASA BU HEALTH AN CREMAT	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to	
8 4	SE S	NO I	
- C	38.50.50	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED? 120. AUTOPSY? 1210. EXTERNAL CAUSE WAS 1210. TIME OF INJURY 1210. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	
Z C	VORD "P VORD "P E CHIEF BE USED NT OF HE BURIAL,	12-9-85 head in hear	
FVI	WORLD BE U	YES NO NO PILOT PROPERTY OF INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)	
0	TWENT THE W		_
NO NO	S SHOU 3 SHOU PRIOR	3 CONTRIBUTING CAUSE OF DEATH 210 (FM) 11-23 1983 Elect Miesly Shockeds fell Migran his tolder	
IVISIO	PRICE	UNDERLYING CAUSE OF DEATH 2/0 P.M. 11-23 1983 CLECK Meally Shockeds fell of from his tolder THE INJURY OCCURRED 21 & PLACE OF INJURY (1ATHOME. 211 LOCATION STREET, FACTORY, GARM, ETC.) STREET, FACTORY, GARM, ETC.) STREET, FACTORY, GARM, ETC.)	
0	ARDI ARDI ARDI ARE DATE DATE DATE DATE DATE DATE DATE DAT	LATHORY WILLIAM BOLLAN BASTRA A MARCH F. h. J. N. C.	M
1		Part of the state	1000
å	A S S H S	22a. I certify that I took charge of the remains described obove, held on Autopsy I, Inspection I, Inquiry I, and in my opinion	
	FCTOR FTAND	death resulted from Notural causes , Accident , Suicide , Homicide , Undetermined manner ,	
	AAR. WITH	O THE (SPECIFY)	
	ATEORIE	DATE 12-17-4	5
	WORE THE SHAPE	M.D. MEDICAL EXAMINER SIGNED	
4	157355	EXAMINER'S NOW WILLISTOP, ROCKI GUAZ CORRESPONDENTE. Co. Sw. Delas A	11
d	EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAGE 15 FORW. TO FUNERAL WITH THEST. BATTIMORE: MARYLAND, 2	ADDRESS TO THE TOTAL OF THE PARTY OF THE PAR	6
	- M 0 1- 4(0)	236 BURIAL, CREMATION, REMOVAL 236 DATE 236. NAME OF CEMETERY OR CREMATORY 236 LOCATION COUNTY STATE	
07/B4	BP	Burial 12/21/85 Et Lincoln Brontwood P.G. Md.	
25M	DHMH - 17	24 FULL PRADOR TO Hale Lanhames Funeral Home 250. DATE REC'D. BY REGISTRAR'S SIGNATURE	
()	VR A15 ME (5))		
		9013 Annapolis Rd. Lanham, Md. 20706 UEU 24 1985 Girlie Duridson Bandone	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

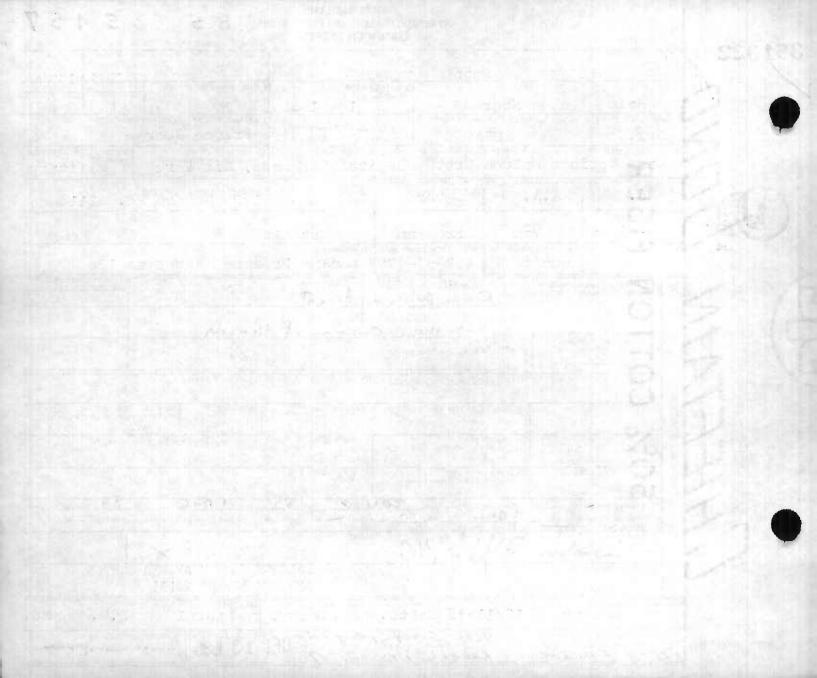
- STATE

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 352046 REGISTRAR REG. NO L DECEASED NAME 20. DATE KNOWN X 9:90 (TYPE OR PRINT) Charles Edward Frevert DEATH MATED 19 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR. 29:00 IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 85 Male White May 27, 1904 81 DEAD 76. CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED K NEVER MARRIED FOREIGN COUNTRY) Prince George's County WIDOWED [DIVORCED New York ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS). Idlewild Bowie Retired Commercial Arti ISUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION. GIVE Idlewild 13d. INSIDE CITY LIMITS? Bowie 13419 /NtVantid Prince George's Maryland 15. MOTHER'S MAIDEN NAME MIDDLE William Frevert Catherine Frevert 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (IF YES, GIVE WAR OR DATES 058-09-7969 Elizabeth V. Frevert no same as 13e 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Acute myocardial disease. IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION None 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? None YES NO X 216. EXTERNAL CAUSE WAS 216. TIME OF INJURY 2 IC HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR None CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 214 INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC 1 STREET CITY OR TOWN WHILE AT WORK Inquiry X 220. I certify that I took charge of the remains described above, held on Autopsy ond in my apinian death resulted from: Natural causes Suicide Homicide Undetermined monner PAGE 4 SHOULD B TO FUNERAL DIREC AFTER DEATH, WITH BALTHMORE, MARY TITLE (SPECIFY) ACTUAL DATE 12/13/85 Deputy SIGNATUR MEDICAL EXAMINER 1919 Seminary Road John S. Rogers, M.D. Silver Spring, Montgomery County, Md. 230 BURIAL CREMATION REMOVAL 236 DATE Dec. 14 1985 Metropolitan Crematory Alexandria, VIIgilia 07/B4 Cremation 25M 24. FUNERAL DIRECTOR **DHMH - 17** Bowie, Maryland (VR A15 ME (5)) Beall Funeral Home

STATE OF MARYLAND

de Liga Lateramenta Deutred Rectred Communicated Agit

I'U I'

Contraction of the Contraction o

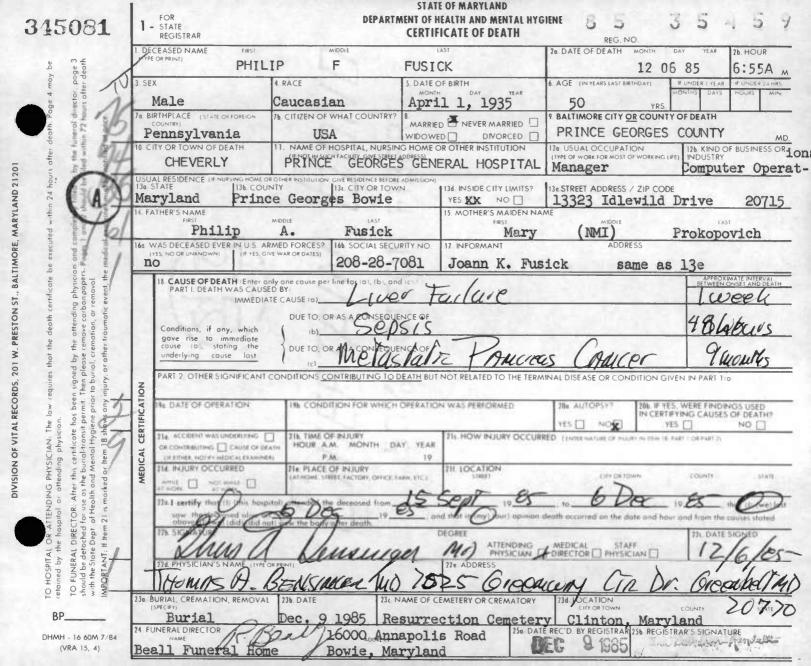
of6-09-709 Minabuth V. Prayort Loc: au 132

BILLWALDI

Cremtion Let. 14 1935 Vieropoliten Cremetory elexinaria, Virginia

buck naleganza cocci

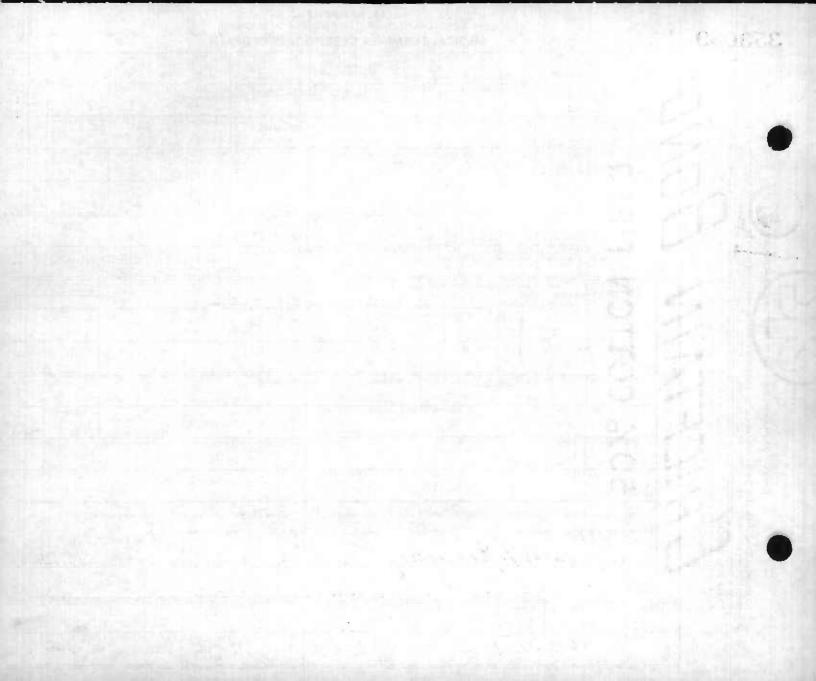
Porth Functed Road Lovies Maryland



April 1, 1935 50 Malu plant Loungy Iventa Maryland Irland Comress Bowle on 19923 Idlandid Irland 20015 nonvercious (DA) gray 200-20-200 Johnn . Punice same as 180

Duriel 1905 Flow Later Complete Wilness Maryland Lower Labor Language Langu

0=	0000		FOR STATE		D	ST. EPARTMENT O		ARYLAND AND MENTAL	HYGIEN	5 5	3 5	5	5 0	
35	3059		REGISTRAR			ICAL EXAMI	NER'S C	ERTIFICATE	OF DEA		G. NO.			
	3×6853		CEASED NAME E OR PRINT)	FRANK		WIDDIE	GALL	MAN	7	OF ESTI- DEATH MATEL		06 19	VEAR 26 HOUR	
	DIRECTIONS DIRECTION TO HOUR DN STREET	Ma Ma	le	4 RACE Black	5. DATE OF BIRTH MONTH DAY Aug. 2,	YEAR LAST BIRTH	YEARS IF UN			PRONOUNCED DEAD	12	DAY	85 12:2 85 an	
	MERAL MERAL MITHIN MITHIN	FC	RTHPLACE (S'	TATE OR	76 CITIZEN OF WHA	1	18	ED XEVER MAI	RRIED	9. BALTIMORE CI	TY OR COUN			
•	PAGE S PAGE S PAGE S	South Carolina CITY OR TOWN OF DEATH Cap. Hgts., Md.			USA WIDOWED DIVORCED PG 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WO FOR MOST OF WORKING LIFE) 1931 Tanow Place Retired						(TYPE OF WORK	OR INDUSTRY		
OF STATE OF	PETAIN TO BE	USU/		(IF IN NURSING HOME O	R OTHER INSTITUTION, GIVE		SION)	13d. INSIDE CITY LIMITS? YES NO [13e STRE	et ADDRESS Bl Tano	w Dla	0 74	3	
	\$ 100 GU	_	ATHER'S NAME		MIDDLE N	LAST		IS MOTHER'S MAI	IDEN NAME	MIDDLE	w riac	LAST		
ALTIMO	S ATER DE GIVE PAGE ITH FORM PAGES LA IVISION OF		ES, NO, OR UNKNO	D EVER IN U.S. ARA		166 SOCIAL SECUR 264 05	9473	17. INFORMANT 6 Mrs. Sh	507 Z	Adak Št	reet-S	Seat	Pl,Md.	
N ST., B	ULD BE EXECUTED WITHIN 24 HOURS AF "PENDING" IN PENCIL IN ITEM 18. GIVE FEMELACAL EXAMINER ALONG WITH SEE AS A BURIAL - IRANSIT PERMIT. PAGENE, POLISIAL CREMATION, OR REMOVAL.	36	18 CAUSE O PART I DE	ATH WAS CAUSED	y one couse per line fo BY: E CAUSE (o)		cinom	a of the				APPRO	XMATE INTERVAL ONSET AND DEATH	
DIVISION OF VITAL RECORDS, 201 W, PRESTON ST., BALTIN		4	gave ri	ns, if any, which se to immediate) stating the <u>under</u> -	DUE TO, OR A	S A CONSEQUENCE								
ORDS, 20		N	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).											
ITAL REC		CERTIFICATION	19a. DATE OF	OPERATION	19b. CONDITIO	ON FOR WHICH OP	ERATION W	AS PERFORMED?				20 AUTO		
ON OF	THE WOLD BOULD BRIMEN	_	UNDERLYING CONTRIBUTION	NG CAUSE OF D	EATH P.M.	MONTH DAY YE	AR	W INJURY OCCUR	RED (ENTERN	ATURE OF INJURY IN IT	EM 18 PART 1 OR P.	ART 2}		
DIVIS	WRITIN WRITIN WRDED ARE 3 SI ATE DEP	MEDICAL	WHILE AT WORK	NOT WHILE C	21e PLACE OF STREET, FACTO	FINJURY (ATHOME, RY, FARM, ETC.)		CATION		CITY OR TOWN	cc	VINUC	STATE	
	MINER: BE FOR CTOR: HTHE LAND,	8	22a. I certi		e of the remains descr of couses X ,		Autops	y . Inspect		Inquiry X, rmined monner [ond in my o	pinion		
	CAL EXA THE CERT SHOULD E RAL DIRE ATH, WIT RE, MARY		ACTUAL SIGNATURE	Kigusi	to X tra	uguez		Deputy	MEDIO	CAL EXAMINER	DATE	12/0	7/1985	
	TO MEDIA EXECUTE PAGE 4 S FO FUNE NETER DE ALTIMO	22- 0	EXAMINER'S (TYPE OR PRII	NAME Augus	sto P. Ro	Odriguez 236 NAME OF C				rn Ct , '	Temple	Hills	, Md	
07/84 25M	BP	B	urial Urial	011	Dec. 12	Carlotte No.		ony Mem	orial					
	DHMH - 17 (VR A15 ME (5))		tewart	Kathu	Y Home-	1001 Ben	ning	Road, NE	9+ 9 57	1985		Simplified Control	Calley .	



							MARYLAND			540 4	
	1-	FOR STATE			EPARTMENT OF				5 5	5 . 0 !	
352004		REGISTRAR		MED	ICAL EXAMIN	IER'S	ERTIFICATE	OF DEATH	REG. NO.		
00,0001		CEASED NAME	FIRST -	1 .11	MIDDLE	16	LAST	2a DA	TE KNOWN MOR	TH DAY YEAR 25 HC	JUI
A S		0	113/2	beth !	Surno	4	gvdno	DEA	TH MATED DC	10, 1903 0	-
知识に対す	3. SE	4 RAC	E	MONTH DAY	6 AGE (IN YE YEAR LAST BIRTHD			R 24 HRS. 2c. D.	ATE MON	TH -BAY YEAR 33	اللاح
A 200 P		/- Cau	casian	Feb 20	77. 1-	RS.	DATS HOOKS		AD bcc.	10, 1983 p	_ A
SA SER	FC	IRTHPLACE (STATE OR DREIGN COUNTRY)		76. CITIZEN OF WH.	AT COUNTRY?	8 MARR	ED NEVER MAR	RIED 9 BAL	TIMORE CITY OR CO	UNTY OF DEATH	
AND		Pennsylvan	ia	USA		WIDOV			Vmccik	Cen Varie	ME
22 # 15 B	10. C	Mitchelly	ille		ITAL, NURSING HOM	E, OR OTH	ER INSTITUTION	120 USUAL OC	CUPATION (TYPE OF WO	OR HOUSTRY	5
ACA AN		MUILL		1642	-1 C C A	Di	/.	Church	Secretary	Secretario	a
5 22498	USU	TATE	IRSING HOME OR	OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISS	ION)	13d. INSIDE CITY LIMITS?			01/01	
E 43638	130. 3	nd 1	PVIV-	CAVERE	RISWITC		YES NO [13e. STREET AD	DRESS	40144	
9 2000	14. F.	ATHER'S NAME	THE COL	0 2007 (1)			15. MOTHER'S MAIL	VOT -			
# 45 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8		John John	E	MIDDLE	Burns		FIRST	ace	E.	Edwards	
ON MANAGE	16a. \	WAS DECEASED EVER	IN U.S. ARM	ED FORCES?	16b. SOCIAL SECURIT	Y NO.	17 INFORMANT	ace	ADDRESS	Edwards	
E ENTERS		ES, NO, OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)	176-24-94	99	Carl G.	Gardner	same	as 13e	
D P P P P P P P P P P P P P P P P P P P			TH (Enter only	ane cause per line f					Domo	APPROXIMATE INTERVA	A L
TE CANAL T		PART I DEATH W	AS CAUSED	BY:	colv 2	154	1177			BETWEEN ONSET AND DE	ATH
2 2000			IMMEDIATE	1 2	A CONSEQUENCE	OF	101				-
H 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	3	Conditions, if		1	16.	1.	1 2. 7				
A SAME AND		gave rise to cause (a) stating		DUE TO, OR A	AS A CONSEQUENCE	OF.	NONICI				_
N N N N N N N N N N N N N N N N N N N		lying couse lost.								M 1 1 7 1	
ATICA PR		PART 2 OTNER SIGNIFICAN	IT CONDITIONS CO	ONTRIBUTING TO DEATH BE	JT NOT RELATED TO THE TERM	AINAL DISEAS	F OR CONDITION GIVEN IN I	APT 1 in			_
DIVISION OF VITAL RECORDS S CRITICATE SHOULD BE EXECUTION OF THE WORD THENDING. REPORT OF THE MEDICAL EX 3 SHOULD BE USED AS A BUILD OF PRICE TO BURLAL, CREMATING TO	Z	/VA	00					N. 1 14			
L RECOIL JUD BE E P MEDINE P M	CERTIFICATION	190. DATE OF OPERA	ATION	196 CONDITI	ON FOR WHICH OPER	RATION W	'AS PERFORMED?			20. AUTOPSY?	_
로 수유문의 등	IFIC	No	ne							YES NO	Pa-
OF V OF V OF V OF V OF V OF V OF V OF V	ERT	210. EXTERNAL CAU		21b. TIME OF	INJURY	21c. H	OW INJURY OCCURR	ED (ENTER NATURE O	F INJURY IN ITEM 18 PART T.C		
ON OF FIFCATI TO THE HOULD ARTINE	¥	UNDERLYING CONTRIBUTING	OR CAUSE OF DE		MONTH DAY YEAR	R	Marini	Carl			
PRE SHI	MEDICAL	21d. INJURY OCCUR		21e. PLACE O			CATION	1	y & man	2	-
DI NETT DE SOLO DE SOL	Z	AT WORK AT W	WHILE A	STREET, FACTO	PRY, FARM, ETC.)	1	TREET 6.4	CITY OF	Tower	COUNTY	TE 10
F. V.				11000	West and the second			18 EN	0 1000	co-pertigue	14
#255252	-				ribed obove, held on	Autop	,			y opinion 0	
MER WILL		death resulted from	n: Natura	causes [,	Acciden Su	ricide 🔀		Undetermined	monner,		
EXA CERTION DINE WART		ACTUAL -	to to	1/1	Core	4	TITLE (SPECIFY)		DA	TE /20197	
SHS HE		SIGNATURE		7/)	DOG	MEDICAL EX	AMINER SK	SNED CO VIAO	_
AE AE		EXAMINED NAME	Tabu	. C D	2 2 11	-	1010	Seminar	Tr Road St	lver Spring	Má
PAGE	73n B	URIAL, CREMATION, R	Johr	S. Roger	23c NAME OF CE			23d LOCATIO		TAGE OPTING	-10
25	130.0	Burial	The state of the s	c 13 1985			ngton Cem.		lphi, Mary	STATE STATE	
07/84 BP	24 F	UNERAL DIRECTOR	12/12					REC'D. BY REGIST	TRAR 25b. REGISTRAR	'S SIGNATURE	_
DHMH - 17 (VR A15 ME (5))	P	all Funera	7		Annapolis		nec.	1 6 1005		n-pandalle	
(AV VIO ME (2))	De	erry Luiste	L Home	DOW:	ie, Marylar	10	INFL	T A DOD	The same said		

John B. Emns Gruce B. Möwnrus 176-26-7679 Cort C. Cardner - same to ide

Desirance of the second desirance

John B. Farira E.N.S. 1919 Schingly Hoad, Lilver exclusive

Brist Life E 194 Coorgo Welfalmgoon Des. | Malghid, Maryland Capall Paper L Horn Horiza Harrians FATHER'S NAME

CERTIFICATION

MEDICAL

Philip.

MIDDLE

LAST

Little

DIVISION OF VITAL RECORDS, 201

TO HOSPITAL OR ATTEND	TO FUNERAL DIRECTOR: should be detached for use with the State Dept of Hea	IMPORTANT: If Item 21 is n
BP.		-34
DHMH (\	- 16 60M /RA 15, 4	

CTATE OF MARYLAND

FOR STATE REGISTRAR		DEPARTM	NENT OF HEALTH A	ND MENTAL HYG	IENE B S	Ю.	ა 5	. 6	6
DECEASED NAME	FIRST	MIDDLE	LAST		20 DATE OF DEATH	HINOM	DAY YEAR	26 HOUR	A
(TIPE OK PRINT)	Grace	Mary	GIBBS		December	16,	1985	12:20	N
3. SEX		4 RACE	5. DATE OF BIRTH		6 AGE (IN YEARS LAST BI	RIHDAY	IF UNDER ! YEAR	IF UNDER 24 HR	_
Female		White	12 06	1889	96	YRS	MONTHS DATS	HOURS MI	N.
Pennsylva	TE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NE	VER MARRIED DIVORCED	9 BALTIMORE CITY O		orge's		M[
O CITY OR TOWN O	FDEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET A	ADDRESS)		120 USUAL OCCUPAT		FE) INDUSTRY	F BUSINESS (OR
Lanham	10.04	Doctors' Hospita	of Pr.	Geo. Co.	Retired		Seam	stress	
USUAL RESIDENCE II	F NURSING HOME		N 13d INS		13e STREET ADDRESS			4	

15. MOTHER'S MAIDEN NAME

Adelaide

NO NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	578-05-7508	Adelaide M. Recknor (Daughte	er) Same as #13
PART I. DEATH W	H Enter only one cause per /AS CAUSED BY. IMMEDIATE CAUSE (a)	EREBRAL	ATHROSELEROSES	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, gave rise to introduce (a) static underlying course	which but 10.0	The second secon	Artenosi levoke Cardio	rasevlar

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1-o

1% CONDITION FOR WHICH OPERATION WAS PERFORMED

			YES [] NO	YES []	NO NO
TIBL ACCIDENT WAS UNDERLYING. OR CONTRIBUTING OF CAUSE OF CHASH (IN COMES INCOMES MEDICAL EXAMINES)	216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCURR	EDI (SHITES HATURE OF PAIR	on the filter 18 Part 1 CH	Past 21
	TIE PLACE OF INJURY (AT HOME STREET FACTORS, OFFICE FARM STC.)	ZII LOCATION	Ditt OF 10	5wW (1)	unit

220 DATE SIGNED

ATTENDING DIRECTOR PHYSICIAN

William D. Rosson, M.D.

5701 - 85th Ave., New Carrollton, Md. 20784

MIDDLE

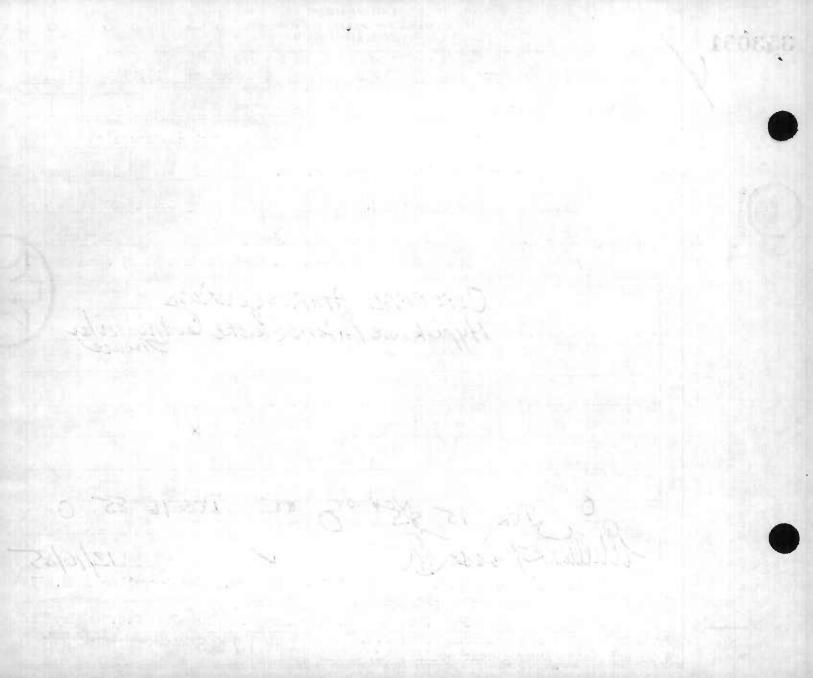
LAST Seymour

70b. IF YES, WERE FINDINGS USED

23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23d LOCATION Brentwood Fort Lincoln Cemetery 12/18/85 **Burial**

"Francis Casch's Sons Funeral Home, P.A. 4739 Baltimore Avenue Hyattsville, Md. 20781 P.G. Maryland

The AUTOPSYT



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

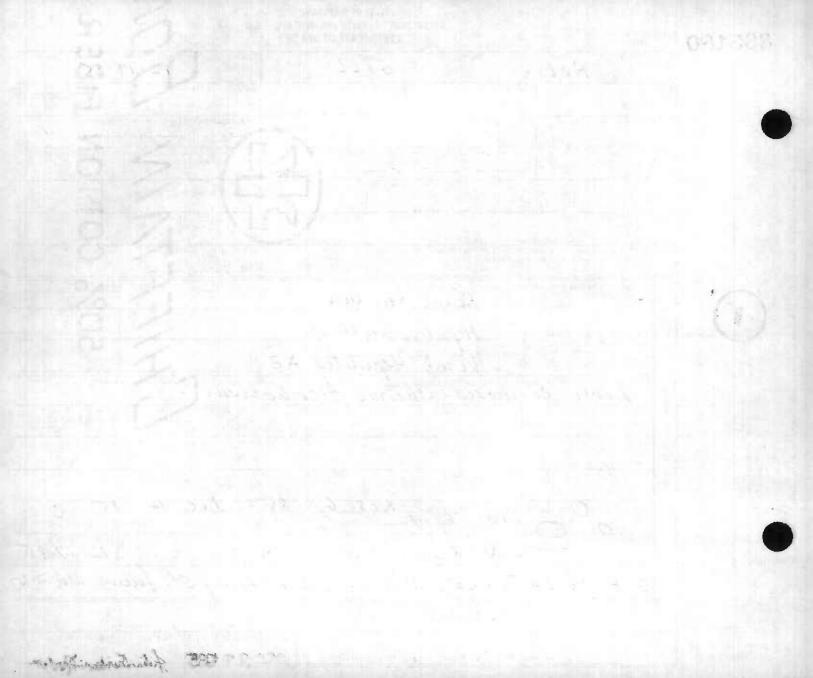
P	F	C	N	0.
K	E	U	N	U.

		REGISTRAR		CERTIF	ICATE OF DEATH	REG.	NO.			
		CEASED NAME FIRST	MIDDLE	June 1	AST	20 DATE OF DEATH	MONTH	DAY YEAR	10.11	DUR
	11111	ORPRINT) ARLI	N	61	22	100	12	17 85		M
	3 SE)		4. RACE	5. DATE C		6. AGE (IN YEARS LAST)	BIRTHDAY)	IF UNDER 1 YE		DER 24 HRS
1		male	white	MONTH		F.0	MBG	MONTHS DA	YS HOURS	S MIN.
9	7a. BI	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	uary 3,1933	9 BALTIMORE CITY	OR COUNT	Y OF DEATH		
		COUNTRY!		MARRIE	D NEVER MARRIED X	Prince Ge	_			
1		West Virginia	11. NAME OF HOSPITAL, NURSIN	WIDOWE		120 USUAL OCCUPA			O OF BUSI	MD.
4	10. C.		(IE NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)		(TYPE OF WORK FOR MOS				NESS OR
	0	Laurel	Greater Laurel		<u>ville Hospita</u>	1 laborer		hano	lyman	
100	13a. S	STATE 136 COUR	NOTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 13(, CITY OR TOW		13d INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP COD	DE		
1		Md Priv	ice George Laures	2 -	YES NO V	15904 To	uce la	ine 207	07	
1	I4 FA	ATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA	AME	,		LAST	
1		James Willi			Nellie		F	anlou	thu:	
1		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECT	JRITY NO.	17 INFORMANT	ADD	RESS			
		NO	VE WAR OR DATES)		Betty Wheel	er same as	above			
П		18 CAUSE OF DEATH Enter OF	nly ane cause per line far (a), (b), ar	nd (c)				APPE	ROXIMATE IN	TERVAL
		PART I. DEATH WAS CAUSE	DBY.	Lai	llure			DETWE	EN ONSE! A	NUUEATH
	Ш	IMMEDIA	TE CAUSE (a) IVENUE	0						
		a to	DUE TO, OR AS A CONSEQU	ENCER	Muse .			4 3		
		Conditions, if any, which gave rise to immediate	1 6) repaire	fa	c preserv		-	_	_	
		cause (a), stating the underlying cause last.	DUETO, OR AS A CONSEQU	ENEGOF	++ 10					
		and the second second	1 Veral	H-Ga	auro Ab					
	z	PART 2. OTHER SIGNIFICANT	4	DEATH BUT	NOT RELATED TO THE YER	MINA DISEASE OR CO	NDITION GI	IVEN IN PART	110	
	CERTIFICATION	10.0	errhoses - Co	nome	c //ccerce	elisier.				
1	ICA	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		ES, WERE FIN IFYING CAUS		
	RTIF					YES NO	Y	ES 🗌	NO	_
79		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF IN	JURY IN ITEM IB	PART 1 OR PART 2	ž)	
1	CAL	(IF EITHER NOTIFY MEDICAL EXAMINER	3111	19						
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY		21f LOCATION	CITY OR	IOWN	COUNTY		STATE
	Σ	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY, OFFICE,	ARM EIC]	SINCE		0			31710
		220 1 certify that (1) this hospi	tal) attended the deceased fram.	NNO	Va 6 19.85	10 Dec	16	1985	that ((we) last
		saw the deceased always	Ale - 16 101	00	nd that in (my lour) opinian	death accurred an the	date and ha	ur ond fram t		1
	188	22b. SIGNATURE	t) view the bady after death.	1	DEGREE .			22c DA	TE SIGNE	D
			Xuller	1 1	M ATTENDING		AFF	17	-17.	-05
Н		22d. PHYSICIAN'S NAME (TYPE C	OR PRINT)	-	22e. ADDRESS	DIRECTOR PHYS	ICIAN [1		
		5. A. DE L	A TORREL. A	1.1	320 Mont	somery 5	7- fc	reesel.	Ma	.20707
-	22. 0	HIDIAL COSTALATION	Tour autr	1115			V			
	230 B	SPECIFY) Burial	Dec. 18,1985 E	name of c	EMETERY OF CREMATORY	23d LOCATION		COUNTY.		STATE
			10,7700	15.015.000		Odento				
		UNERAL DIRECTOR	ADDRESS	100	25a. DA	TE REC'D. BY REGISTRA	R 25b. REGIS	TRAR'S SIGN	ATURE	
	1	Jonaldson Funer	al Home, Laurel,	Mary	land of	0 2 7 most	10	.E	.50	

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After

should be detached for use as the burial-transit permit. Then pleas with the State Dept. of Health and Mental Hygiene prior to burial, IMPORTANT: If them 21 is marked or Ipag 18 show, any injury, or o



								ST	ATE OF	MARYLAI	ND							
		1.	FOR STATE				EPART	MENT O	FHEALT	H AND M	ENTALH	IYGIEN	E 5		3	19	6	3
010	1016		REGISTRAR			MEI	DICAL	EXAMI	NER'S	CERTIFI	CATEO	F DEA	TH	REG. N	10.			
	ULU		CEASED NAME	FIRST	-3.16		MIDDLE			LAST		1	a DATE		MON	TH DAY	YEAR	26 HOUR
	38.55.8 E	CITY	E OR PRINT)	Russe	211		F.			Gore		100	OF DEATH	MATED X	X 12	2-25	1985	AA AA
1	A SE	3 SE)		4. RACE	5 DATE	OF BIRTH	YEAR		YEARS IF U	NDER 1 YR.	IF UNDER		2c DATE		MON	TH DAY		2d HOUR
	IS NECESSARY, PLEASE FUNERAL DIRECTOR. E. S. FOR YOUR FILES. D. WITHIN 72 HOURS I W. RRESTON STREET.	N	Male	Black				1961	V2:4	THS DAYS	HOURS	MIN	PRONOUN	ICED	12	2-29	1985	5:25 p. M
1	AL YOUR STORY	70. BI	RTHPLACE (S			ZEN OF WH							9 BALTIM	ORE CITY				[р. м
1	STATE STATE		REIGN COUNTRY)	C		USA			WIDO	NED NE	VER MARRI DIVORC	ED XX						
	NS SEE	10 CI	TY OR TOWN	OF DEATH	11. NA		PITAL, NU	JRSING HO		HER INSTITU		12a USU	AL OCCUP	ATION (I)	YPE OF WO	RK 12b K	Ounty	SINESS
	AY IS THE F	0	on Hil	1		OTINSUCH FAC				ot. 41	Λ	Mes	sen	yer o	carı	rier	OR INDUSTR	RY
	AIN PORDS	USUA	L RESIDENCE	IF IN NURSING HOME)C. 11	. 7						11-15	15
2120	ANY DANY DANY DANY DANY DANY DANY DANY D	13a S	Maryla	nd 136 COU	PG		13c. CIT	on Hi	11	13d INSIDE (NO T	13e STRE	O SC	ssouth	viet	v Dr	ive	
9	Sansa		THER'S NAME								ER'S MAIDE							
- 5	幸いるのましん	×	James	W. Go	MIDDLE			LAST			FIRST			DDLE	1 1		LAST	
90	815 8 30	16a V	VAS DECEASE	DEVER IN U.S. A		CES?	16b 50	CIAL SECUR	RITY NO.	17. INFOR	Parth	ienra	1 MIL	ADDRES				
=	E## 80		ES, NO, OR UNKNO	WN) IF YES, GA	VE WAR OR DA	(TES)	57	7 00	6020	Dan	at ban	:- 0	70.00			100	E7+	- C+
4	BEE	-	10 CALISE O	F DEATH (Enter o	anly one so	wa par lina			6939	I Pai	cthen	ITA C	ore-	-mot i	ier-			
12	0=0		PARTIDE						nd of	Chest		(har	ndgun)		BET	APPROXIMATE TWEEN ONSET	ANDDEALL
0	ME OF BA	2	C-300	IMMEDI.		UE TO, OR				CHESC		(Hai	ragari	,				
1 S.	ZZ WEEK	150	Condition	ns, if any, whic		00 10, OK	A0 A C0	1132002110	LOI									
	NAME OF STREET			se to immediate stating the under		(b) UE TO, OR	AC A CO.	MEEOUENIA							-			
	NAKA PE		lying cou		- 1	OE TO, OK	AS A CO	NSEQUENC	E OF									
10	DE LES	5-	PART 2 OTHER CI	GNIFICANT CONDITION	CONTRIBUTI	(c)	UT NOT BE	4750 VO 7115 V										
280	SA S	Z	TAKE 2 OTHER 31	ONITICANT CONDITION	CONTRIBUTI	ING TO OCATH	WI WOI KEL	ATEU TO THE T	KMINAL DISEA	SE OK CONDITIO	IN GIVEN IN PAI	RT I a						
2	+ CAN ME	CERTIFICATION	19a. DATE OF	OPERATION	- li	% CONDIT	ION FOR	WHICH OP	ERATION V	AS PERFOR	RMED?					20	AUTOPSY?	
TAL	PARTE OF SEA	155	1													(b	OODY C	only)
5	W S S S S S S S S S S S S S S S S S S S	ERT	21a EXTERNA	L CAUSE WAS	2	Ib. TIME OF	INJURY	est.	21c. H	OW INJURY	OCCURRE	D LENTER N	ATURE OF INI	LIDY IN ITEM L	R PART LO		YES AA	NO L
DIVISION OF	STATE OF THE		UNDERLYING	XXOR		M.A RUOH	MONTH	DAY YE	AR OF					OK 1 10 4 11 E24 11	,,,,,,,,	AT MAI E)		
98	S S S S S S S S S S S S S S S S S S S	MEDICAL	21d INJURY C	NG CAUSE OF		P.M.				bject	SHOU	- 1111118	sem					
No.	S S S S S S S S S S S S S S S S S S S	¥	WHILE	NOT WHILE >	CX	STREET, FACTO		ETC.)	15	00 Sou	threi o	r. Dr	CITY OR TOV	A L L A	Over	COUNTY	1 Dri	STATE
	THE WAN PAR	17					me	ody on			ппите	W DI	· ,Apt	-414,	OXOI	1 UTI	Me Me	Tice
100	SE SE SE	100	22a certif	y that Took cha	rge of the r	remains de	nb ob		-	Sy XX.	Inspection	n 🔲 .	Inquiry	Tige 6	Hade W	opinion)., Mc	4.
4	MER DES		deoth resulte	dram Not	urol causes	4	Micident	4. +	Suicide X	K Hami	cide	Undete	rmined ma	nner				
	3895×		ACTUAL /	WOIL	1114	017	Suca	Mh	141		PECIFY)	_			DA	TE 1	2 20	OF
	SHEER AND		SIGNATURE	CCCC	00-	111	and a	10.0	110 m	ASS	sistan	IC MEDIC	CALEXAM	INER	SIC	NED	12-30-	-83
	MED SON	3	EXAMINER'S		ennis	F. Sn	with.	MD		ADDRESS_	11 Pe	nn St	B	alto.	- Mo	1. 2	21201	
	NO N	220 00	TYPE OR PRIN	TION FOVAL					F11F7F8				CATION	u100.	, 110			
		130 B	urial	OVAL	Jar		Company of the company	86 H	armo	R CREMATO	mowi	a 1 CHY O	RIOWN	T. 5	and	OUNTY	, Mars	ATE Dans
07/84 25M	BP		INERAL DIREC	TOPA /	- 32	TY	1	11	1		25a. DATE R				ISTRAD	SSIGNIA	TIPE	утапс
	DHMH - 17	0.00	tewar	1000	101/	12000	100	vu	w	14			1986	11		SIGNA	Pandal	2
	(VR A15 ME (5))	2	cewal	runei	at I	rome-	400.	r Ben	n. R	d., N.	DAN	0	1300	diam	-	Inform	1	-

1886 Julian France

	STATE OF MARYLA
FOR	DEPARTMENT OF HEALTH AND
- STATE	CEDTIFICATE OF P

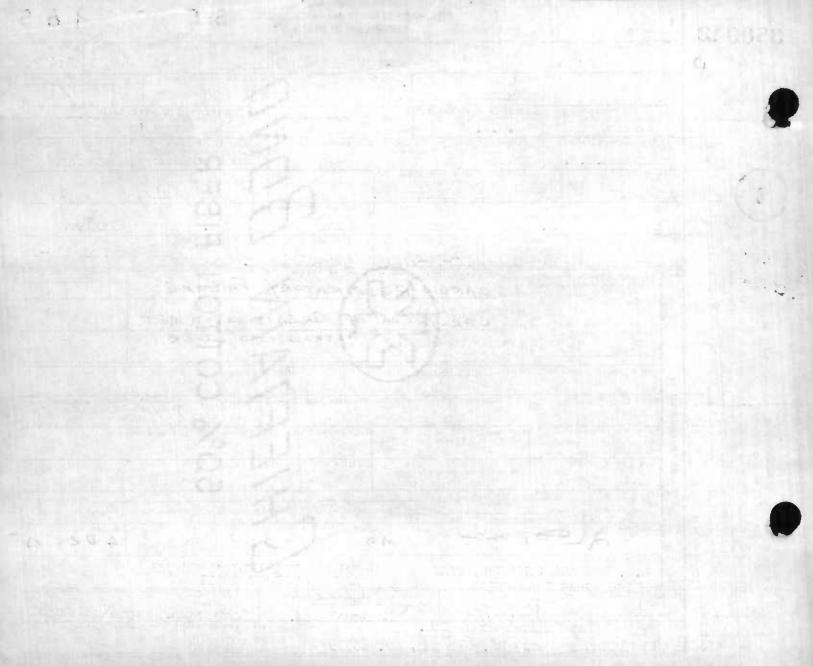
AND ENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

35465

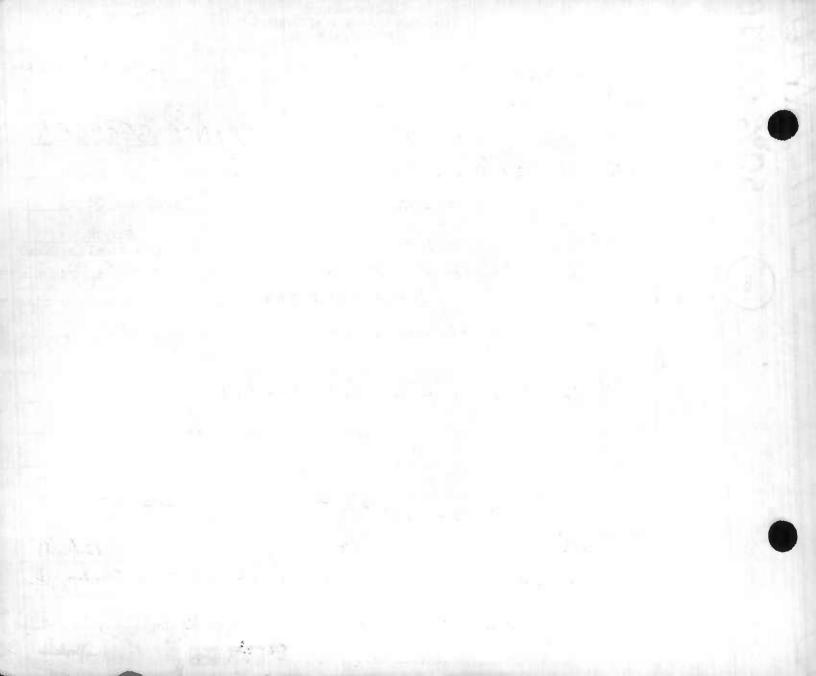
142	'	REGISTRAR				CERTIF	ICATE OF	DEATH 12		REG.	NO.	•	9	
		CEASED NAME OR PRINTI	FIRST		MIDDLE	Į.	AS1		20 DATE	OF DEATH		DAY		26 HOUR
10			TERRA	- 634	SUE	GREE	ENAWAL	D			DEC	04	85	3:40P
,	3 SE:	(4	. RACE		5. DATE C		ve.0	6. AGE (1	N YEARS LAST	BIRTHDAY)	IF UND	ER I YEAR DAYS	IF UNDER 24 HRS
	Fo	male.		Cauca	sian	July	05, DAY	1951	34		YRS		VAIS	THOURS MILES
11	7a. Bi	RIHPLACE (STATE)	OR FOREIGN 7	b CITIZEN OF	WHAT COUNTRY	R		MARRIED -	9 BALTIN	ORE CITY	OR COUN		ATH	U TAN
21	N	issouri		U.S.	A.	WIDOWE		ONORCED T	Pr	ince (George	e's		м
0)0	10. ⊂	TY OR TOWN OF D	EATH 1		HOSPITAL, NURSI	NG HOME O	transit or the same of the sam	Lad	120 USUA	LOCCUPA	TION	12b		BUSINESSO
-0		drews A.	- 67	Malco	CH FACILITY, GIVE STREE Lm Grow				Schoo	ork for mos ol Tea	of working acher	EC INC	ducat	ion
	130 5	TATE	136 COUNT	THER INSTITUTION	13c. CITY OR TOV	VN 1	13d INSIDE	CITY LIMITS?	13e STREE	ADDRES	ZIP ÇO	DE	010	1001
1		souri	Cla	У	Excelsia	r Spg.	YES X	NO 🗌		Bel.	L Driv	<i>r</i> e	//	111
1/	FA EA	THER'S NAME FIRST	M	IDDIE	LAST	45	15 MOTHER	R'S MAIDEN NA/	ME	MIDDLE			LAST	
17	F	ОУ	R.		Cramer	4412	Fer			A.		(codin	an
W.		AS DECEASED EV			166 SOCIAL SEC	URITY NO.	17 INFORM	TMANT	174	ADD	RESS			
	l °	NO	N/	WAR OR DATEST	499-56-	7755	Major	William	n E. (Green	blewe	San	ne as	13a-e
		18 CAUSE OF DE	ATH (Enter poly	Dae couse no	er lin CARD TO					JI COLI	Inala		APPROXIM	ATE INTERVAL
	,	PART I. DE ATH	WAS CAUSED	BY:	CARDIO	PS.	SPIR	ATORY	FA	1141	ee		BE I WEEIN O	NSEI AND DEATH
Ú		100000000000000000000000000000000000000	IMMEDIATE									_	_	
mat				DUE TO, C	CARCIA CARCIA	ENCE OF	OF	BREAS	57 12	1.714	Man			
0		Conditions, if o		(b)_	CARCIA	7 4 7 7 7 7	4-6				7.0			
		couse (o), sto	ting the	DUE TO, C	DR AS A CONSEQU	ENCE OF	737	TAS 15	70	LIV	ee,			
5		underlying cau	/se 1051.	(c)_					7					
· ·	7	PART 2 OTHER SI	GNIFICANT CO	ONDITIONS	ONTRIBUTING TO	DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISE	ASE OR CO	NDITION	SIVEN IN	PART No	11 15
<u> </u>	ō									15.3				
8/	CERTIFICATION	190 DATE OF OPER	RATION	196 CONE	DITION FOR WHICH	OPERATION	WAS PERF	ORMED	20a AU	TOPSY?			EFINDIN	GS USED OF DEATH?
1	E I								YES	NO [YES 🗍	CAUSES	NO
	SE I	210. ACCIDENT WAS	INDERLYING		OF INJURY		21c. HOW I	NJURY OCCURR	RED (ENTER	NATURE OF IN	JURY IN ITEM I	8 PART I OF	PART 2)	Lad
E (/	AL AL	OR CONTRIBUTING	pol .		I.M. MONTH D	AY YEAR	1992							
	MEDICAL	21d INJURY OCCL			OF INJURY	19	211 LOCAT	ION						
/	ME	WHILE NOT	WHILE		TREET, FACTORY OFFICE	FARM ETC)	STRE	ET		CITY OR	TOWN	CC	YIMU	STATE
}		AT WORK	VORK							33.9		1		
5 1	(he deceosed from.			, 19	, to					not (I) (we) lo
7 7		obove, (1) (we	osed alive on _) (did) (did not)	view the bod	y ofter death.	, on	d that in (m)	/) (our) opinion o	deoth occur	red on the	dote and h	our and f	ram the c	ouses stated
	1	226 SIGNATURE	10	750	0-		DEGREE					27	DATE S	IGNED
		0	1	of or		m	9	ATTENDING PHYSICIAN	MEDICA	R PHYS	AFF ICIAN []		4 D	208
1		224 PHYSICIAN'S					AZe ADDRE	SS						
5		L.K. DA		-	•		MALC	OM GROW MARYL	MEDI	CAL C	ENTER			
IMPORT	22. 0	FLIGHT				NAME OF S								
7	230. B	uriāl, CREMATIOI Specify Burial			/OF 13c	ort Le	avenwo	ETM ATORY	C	CATION ITY OR TOWN		NOU	JTY _	STATE
1	I	ญหาลไ		12/09	/85 IFC	JIL		0	To	2770WF.	arth	Cam	226	lansas

24 FUNERAL DIRECTOR Lee Funeral Home, Inc. DHMH - 16 60M 7/84 6633 Old Alexander Ferry Rd. Clinton, Md. 20735 (VRA 15, 4)

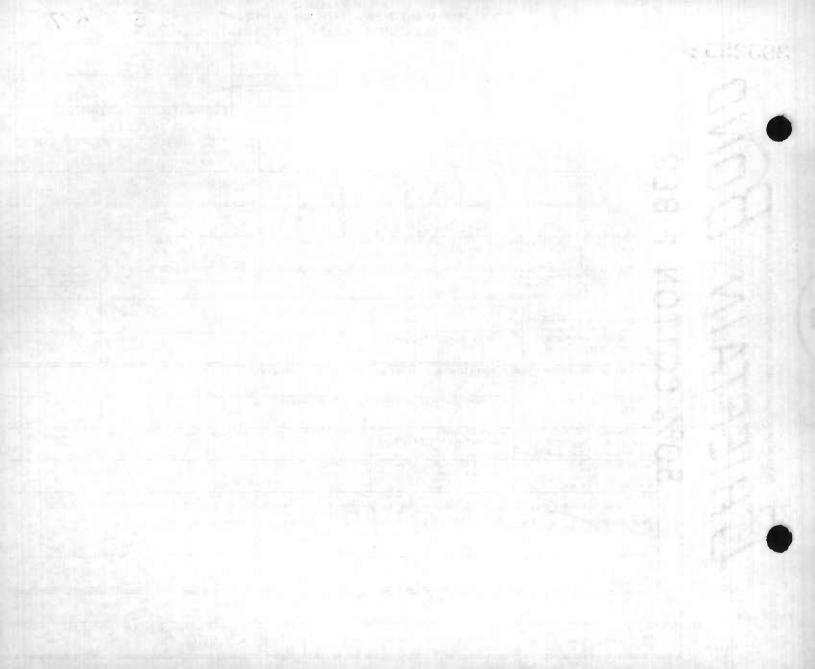
National Cem. | Leavenworth Squeas 144



365231		FOR STATE REGISTRAR		STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	5 4 6 6
tor. page 3 after death		CEASED NAME FIRST OR PRINT! HERM	AN C	GRISSEH.	20. DATE OF DEATH MONTH	16 85 4.15 mm
D 65 / /		ale	White	April 30 1927	58 yrs	
deoth. Po	(RTHPLACE ISTATE OR FOREIGN OUNTRY	76. CITIZEN OF WHAT COUNTR USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	PRINCE	GEORGE/SMD.
os ofter deo by the fune illed within notfited at	10 CI	LINTON.	11. NAME OF HOSPITAL, NURS	MN HOZPITHU	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Painter	126. KIND OF BUSINESS OR INDUSTRY Pepco
AND 212	M	aryland P	OTHER INSTITUTION GIVE RESIDENCE BEF NTY 13c. CITY OR TO Fore	stvilles NO	13e STREET ADDRESS / ZIP CO 6224 Park]	and Court
makyl	/_	William		issett Carrie	MIDDLE	Stocks
TIMORE,			/E WAR OR DATES)	6 8885 Catherin		24 Hamlin Road ldorf, Md. 2060
ST., BAI		PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), D BY: TE CAUSE (a)	ENCEPHALO PATH	¥	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
NG PHYSICIAN: The low requires that the death of treather secured within 24 has ottending physician. If the confidence is the please remove corbon control of completely filled is at the biraction from been signed by the ottending physician from the please remove corbon corporation and a the biraction from the please remove corbon corporation and 2 should be the please remove corbon corporation from the please remove corbon corporation and 2 should be the please remove corbon corporation and 2 should be a second from the please remove corbon corporation and 2 should be a second from the please remove corbon corporation and 2 should be a second from the please remove the medical experience and the please remove the medical experience and the please remove the please remove the medical experience and the please remove the please remove the medical experience and the please remove the please r		Conditions, il ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT O	DUE TO, OR AS A CONSEC	leoholism	MINAL DISEASE OR CONDITION	GIVEN IN PART 110
I. RECORDS,	CERTIFICATION	190 DATE OF OPERATION	COPD. > A	A 4 4	rdinh	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
N OF VITA SICIAN: TI ng physicia	MEDICAL CER	2)a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2]
NVISION Offending the Eliment	MED	214 IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFIC		CITY OR TOWN	COUNTY STATE
TENDI Tolor OR THE		sow the deceased alive on	ital) attended the deceased from 12.16, 19 it) view the body after death	00	death occurred on the date and l	hour and from the couses stated
Sche he he		226. SIGN TO THE COLL	y	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12/16/8
TO HOSPITAL Cretoined by the TO FUNERAL E should be detain with the Stote E MAPORTANT. If			iu.		natts, Rd #30	is, Clintsould
ВР	23a E	URIAL, CREMATION, REMOVAL SPECIFY) Rurial	0.7-	NAME OF CEMETERY OR CREMATORY MintaCemetery	23d LOCATION CITY OF TOWN Shallotte	COUNTY STATE
DHMH - 16 50M 4/83 (VRA 15, 4)	24 FU	NAME ROBERT E Funeral H	Wilhelm ADDRESS	25a DA	TE REC'D. BY REGISTRAR 256 REG	



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYCIENE - STATE REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN 26 HOUR (TYPE OR PRINT) ESTI-OF George Joe DEATH MATED 21 19 85 Gross, Jr. 3 SEX 4. RACE IF UNDER 24 HRS 5 DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. 2d HOUR DATE LAST BIRTHDAY PRONOUNCED 49 3 36 Male Black DEAD 19.85 To BIRTHPLACE ISTATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA Washington D.Q Prince George's County, ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Unemployed Chapel Oak Doewood Lane & Dean Wood Dr. 21209 13. STREET ADDRESS 1503 E. Coldspring Lane 13d. INSIDE CITY LIMITS? 13c. CITY OR TOWN Balto. YES Md. 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MAIDDLE Bias Susie Gross Sr. George 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) HE YES GIVE WAR OR DATEST 578-48-7046 Diane Tripline 1503 E. Coldspring 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Fatty liver DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) CERTIFICATION E 3 SHOULD BE USED A DEPARTMENT OF HE 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY (ATHOME 211 LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN NOT WHILE AT WORK Autopsy X MARYLAND 228. I certify that I took charge of the remains described above, held an EXECUTE THE CERTIFIC PAGE 4 SHOULD BE F TO FUNERAL DIRECTO AFTER DEATH, WITH THE BALTIMORE, MARYLAN Natural causes Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL MACTING ChiefMEDICAL EXAMINER 12/22/85 SIGNATURE EXAMINER'S NAME Thomas D. Smith, M.D. 111 Penn St. Balto.MD. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION Balto. Md. New Catheral Cem. 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** C. March F/H 1100 E. North Ave. (VR A15 ME (5))



1	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH CERTIFICATE	AND MENTAL HYG OF DEATH	REG. NO.	3 5 4 (0 0
	ECEASED NAME FIRST	WIDDLE	LAST			ONTH DAY YEAR	2b HOUR
M	YPE OR PRINT)	SHIRLEY K.	HAMNER		DECEMBER 3	1 1985	1415 M
3 3 5	SEX	4 RACE	5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIRTH		
11	Female	Caucasian	Jan. 28,	1927 YEAR	58	YRS.	HOURS MIN.
7a	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED KN	EVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH	
	Pennsylvania	USA	WIDOWED	DIVORCED	Prince G		MD.
E/2 10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	ADDRESS)		12a USUAL OCCUPATION		OF BUSINESS OR
	Lanham	DOCTORS' HOSPIT	AL OF PR.	GEO. CO.	Secretary	P.G. C	o. Schoo
5-16 - 41			100 1110	SIDE CITY LIMITS?	13e STREET ADDRESS / 2	ZIP CODE	
7		e Georges Glenn			9912 Martin	Avenue	20769
1	FATHER'S NAME	MIDDLE LAST	15 MO	THER'S MAIDEN NA	WE	LA	ST
500	Charles	J. Kremann		Saral		McDermi	tt
	WAS DECEASED EVER IN U.S. A	GIVE WAR OR DATES)		ORMANT	ADDRES	S	
n	10	217-24-7	588 Jac	k B. Hamne	er s	ame as 13e	XIMATE INTERVAL LONSET AND DEATH
or other troumd	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEOU	respond	3 ane	T.	g	
NO.	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RE	LATED TO THE TERM	INAL DISEASE OR CONDI	TION GIVEN IN PART 1	0
8 shows ony injur	198 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS I	PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIND	NGS USED
E E					YES NO P	IN CERTIFYING CAUSES YES	NO [
- 0/	OR CONTRIBUTION CALLES OF D	EATH HOUR A.M. MONTH D	AY YEAR	OW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART OR PART 2]	
dor Item	21d INJURY OCCURRED	21e PLACE OF INJURY		CATION			
× eq	WHILE NOT WHILE IN	AT HOME STREET FACTORY OFFILE	ENEMOTETC!	STREET	CITY OR TOWN	COUNTY	STATE
300	22a L certify that (I) (this has	pital) attended the deceased from	12/16	19 8 1	. to 12	31 1981	that (I) (we) lost
21	sow the deceased alive a above, (I) (we) (did) (did)	not) view the body ofter death.	ond that in	(my) (our) opinion	death accurred on the date	e and hour and from the	couses stated
Te Te	22b. SIGNATURE	, A	DEGREE			22c. DATE	BIGNED
=		Ul	hi	PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIA	NO IE	31/8/
7		OR PRINT)	22e AC	DRESS NOCTO	ors Hosp	OF PG.	
PORTANT	228 PHYSICIAN'S NAME (TYPE	m was mc RU	ZmDG(DOLUCK	RO; LANH	And had	
\$	WILHEL BURIAL, CREMATION, REMOVA	MINDS MCRU	Z MD G (Y OR CREMATORY	RO; LANH	An Ind	9
\$	WILHEL	4.1.1.	NAME OF CEMETER		CITY OR TOWN	A hd	STATE

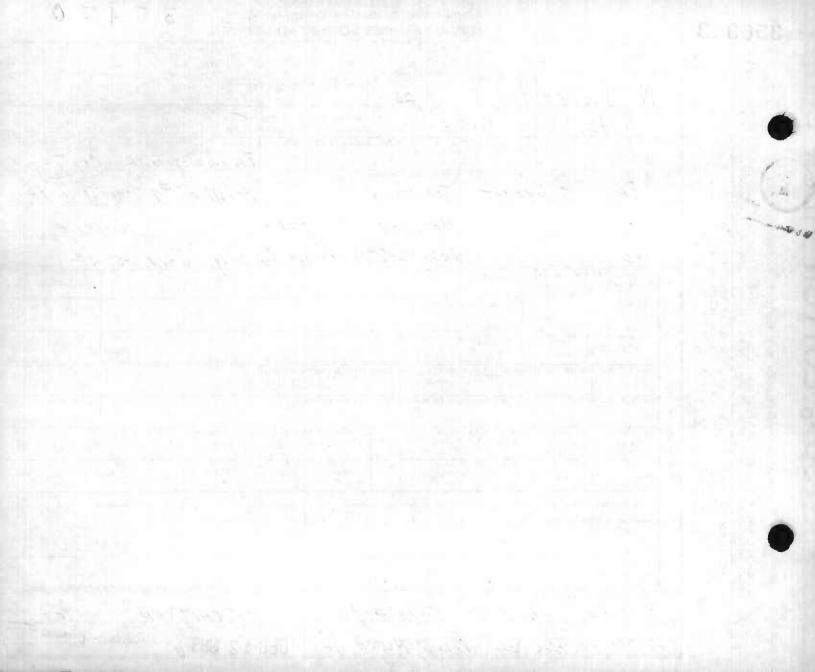
	Pennia Delibertan Ser. Sa. 1987 H. H. Sa
	AND AND ADDRESS OF THE PARTY OF
Poros temperal distant	New Jacobs and Section 1 Section 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
# directory	Canalon I. Dreman Serven
UED an seta	remark . Carw. BOSY-WS-VIO
beelgest , calcult	Two 32 1947 Maryland Vateran Com Di Local American No. 1 Local American Com Land

003115	1-	FOR STATE REGISTRAR		DEPARTI	MENT OF H	OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH	IYGIENE 5	3 5 4	16	9
may be , page 3 ter death		CEASED NAME PIRST]		MIDDLE I.	Ho	Hann LNN	20. DATE OF DEATH	12 - 28		910 M
ge 4 ma)	3. SE	Female	1. RACE	te	S. DATE C		6. AGE (IN YEARS LAST BIR	YRS.	HS DAYS H	F UNDER 24 HRS HOURS MIN.
deoth. Pour 72 have 72 have	Ph	RTHPLACE (STATE OR FOREIGN COUNTRY)	US		WIDOWE	Partie Committee	□ P.	rince Ge	eorge's	
The first of the f	C	inton md	Chinto	CH FACILITY, GIVE STREET	ADDRESS)	at Center	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST O	DE WORKING LIFE) IN DEMEMBREE	NDUSTRY	BUSINESS OR
LAND 22	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	NTY	134. CITY OR TOW		13d. INSIDE CITY LIMITS YES 12 NO 1	201 Hurr	YS. TR	ZOB with	30
complete		THER'S NAME FIRST VAS DECEASED EVER IN U.S. A	MIDDLE	Irmer	IDITY NO	Unknown 17. INFORMANT	201 Harry	F99 Management	LAST	
be exection and its. Pages		YES, NO OR UNKNOWN) (IF YES, G	VE WAR OR DATES)	579-5	72-4698		ds Largo, Mar			Mary La
certificate ng physic ban pape r removal		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	nly ane cause pe ED BY: .TE CAUSE (0)	Covering	pu	linonwy	Arrest '		BETWEEN ON	ATE INTERVAL SET AND DEATH
W. PRESTON ST or the death cert by the attending I se remove carbon cremation, or ret		Conditions, if ony, which gave rise to immediate cause (a), stating the	(b)_	OR AS A CONSEQUE	7 Con	ua,	TI del	who the		
ires that the same of the same		underlying couse last. PART 2 OTHER SIGNIFICANT	(c)_		neu		erminal disease or con	res 1	N PART 1(0)	
DIVISION OF VITAL RECORDS, 201 NG PHYSICIAN: The low requires the after this certificate has been signed to stitle burnal-transit permit. Then plea the and Mental Hyguega prior to burial, arked as them 18 shows day injury, as a great day them 18 shows day injury, as a great day them 18 shows day injury, as a great day them 18 shows day injury, as a great day them 18 shows day injury, as a great day them 18 shows day injury, as a great day them 18 shows day injury, as a great day the shows day injury, as a great d	CERTIFICATION	190. DATE OF OPERATION	196 COND	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSYT	20b. IF YES, WE IN CERTIFYING	G CAUSES OF	
A OF VITA SICIAN: Ting physicing physicing centricate ental transmitten is shall sha		210, ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINI	HOUR A		AY YEAR	21c HOW INJURY OCC	CURRED (ENTER NATURE DE MA	IN ITEM 18 PART I	OR PART 2)	
NG PHYSION OF THE OF THE PHYSION OF	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME, ST	OF INJURY TREET, FACTORY, OFFICE, I	FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	IWN (COUNTY	STATE
ATTENDI ospitol or ECTOR: A d for use it. of Heal m 21 is m		22a.1 certify that (I) (this hasp saw the deceosed olive a obove, (I) (we) (did) (did n	1-1-1	9 19			ian deoth occurred an the d		d fram the car	
by the his beginning and by the beginning of th		22d PHYSICIAN SNAME (TYPE	of Bellit	Cu	Ty		MEDICAL STA	FF CIAN [1.2 - 2	19 85
TO HOSPITAL retained by the TO FUNERAL should be detained with the State IMPORTANT.	72- 1	S M UR	thy to	123.	NAME OF S		ngton, Maryl		au, #2	.07
ВР		cremation D	ecember	29, 1985	Lee's	s Crematory	clinton,			STATE
DHMH - 16 50M 4/B2 (VRA 15, 4) 6633		uneral director Lee F Ld Alexander Fe					EC 31 1005	TOU REGISTRAR	SSIGNATUR	piles.

remation December 29, 1985 Lee's Cremaunz

No. of Street

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 350043 REGISTRAR DECEASED NAME KNOWN X , MONTH 20 DATE LITTE OF PROUD ESTI-DEATH MATED 12-6-8519 ROBER 5 DATE OF BIRTH IF UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY) PRONOUNCED 12-6-85 19 1:20P DEAD 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COMMITTEE Prince George's County MD WIDOWED T DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Doctor's Hospital anham HAME GDERATOR UAL RESIDENCE (IF IN NURSING HO OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13d. INSIDE CITY LIMITS? ANSTOWA. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME 160 WAS DECEASED EVER 16h SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). ART I DEATH WAS CAUSED BY. Multiple injuries IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES X 21c. How injury occurred lenter nature of injury in ITEM 18 PART 1 OR PART 2) subj. operating a backhoe which was tilting 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY UNDERLYING X OR CONTRIBUTING CAUSE OF DEATH when subj. jumped he was pinned under 21d. INJURY OCCURRED 21e PLACE OF INJURY LATHOME wooded area STATE WHILE AT WORK 9609 Annapolis Rd. Lanham Mary Tand 220 I certify that I took charge of the remains described above, held an Autapsy Inquiry and in my apinian Accident X death resulted fram: Suicide Homicide Undetermined monner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER DATE 12-7-85 SIGNATURE gregory R. Kauffman, M.D. EXAMINER'S NAME 111 Penn Street (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b DATE 23d. LOCATION DURIAL 24 FUNERAL DIRECTOR 25g, DATE REC'D, BY REGISTRAR 256 REGISTRAR'S SIGNATURE ina baydon hander (VR A15 ME (5))



347091

poge 3 er deoth

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

35.471

L		REGISTRAR		CERTI	TEATE OF PEATIF	REG. NO	D.		
ľ		CEASED NAME FIRST WILLIA	MIDDLE?	+	HALL	26. DATE OF DEATH	12 03	S5	26. HOUR 8:01 A
-	SE	MALE	B/ACK	5. DATE O	DE BIRTH 1904	6 AGE (IN YEARS LAST BIRT	HDAY) IF UN	DER I YEAR	IF UNDER 24 HRS HOURS MIN.
2		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8 MARRIE WIDOWE	DINEVER MARRIED DIVORCED	9. BALTIMORE CITY O Prince Geo		DEATH	446
4	0. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES' Greater Laurel	RSING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION TYPE OF WORK FOR MOST O	ON 12	L KIND OF	F BUSINESS OR
	USU/ 13a. S	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE B	EFORE ADMISSION)	13d INSIDE CITY LIMITS?	13. STREET ADDRESS	0	Lan	e Ingui
		ATHER'S NAME FIRST ARTHU	MIDDLE HALLAST	14	15. MOTHER'S MAIDEN NAME FIRE		5m	: HAST	2/2010
			RMED FORCES? 166 SOCIALS VE WAR OR DATES) 705-0	7-5882	SArah Ha	11 (wife)	same	AS:	#13
		18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE IMMEDIAT	nly ane cause per line for (a), (b) ED BY: TE CAUSE (a) Carelia	o. Resp	ciratary a	nect -		APPROXIM BETWEEN OF	NATE INTERVAL
		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSE DUE TO, OR AS A CONSE (c)	al fil	hrillation ry Educe				
ı	NOI	PART 2 OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTING	B III a Cham	NOT RELATED TO THE TERMI	nal disease or cont	DITION GIVEN IN	PART Ita	
	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WH	IICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, WE IN CERTIFYING YES		
_	MEDICAL CE	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER COLURRED)	HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY	19	216 HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR		OR PART 2)	STATE
	×	WHILE AT WORK 22a. I certify that this hospi	1-7 0	m	- 2 - 1985	_, to	3 ~ 19 d	P.C., 11	hat (I) (we) lost
		sow the deceased alive an abave (1) (we) (did) (did no 27b. SIGNATURE	allafu	7	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		22c. DATE S	
		22d PHYSICIAN'S NAME (TYPEO G-A-de la 7			3 20 Mont gr	meny St.	faur	el, l	Wd. 2070;
2	36. B	URIAL, CREMATION, REMOVAL Burial	23b. DATE 12-7-85		emetery or crematory at'l Mem. Pl	23d LOCATION CITY OR TOWN	l, Pr.	™Ğeo.	, MĎ ^{ATE}

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR George R. Snowden

FOR STATE

246 N. Washington St. Rockville, MD 20850

Md. Nat'l Mem. Pk Laurel, Pr. Geo. MD 250. DATE REC'D. BY REGISTRAR 25). REGISTBAR'S SIGNATURE

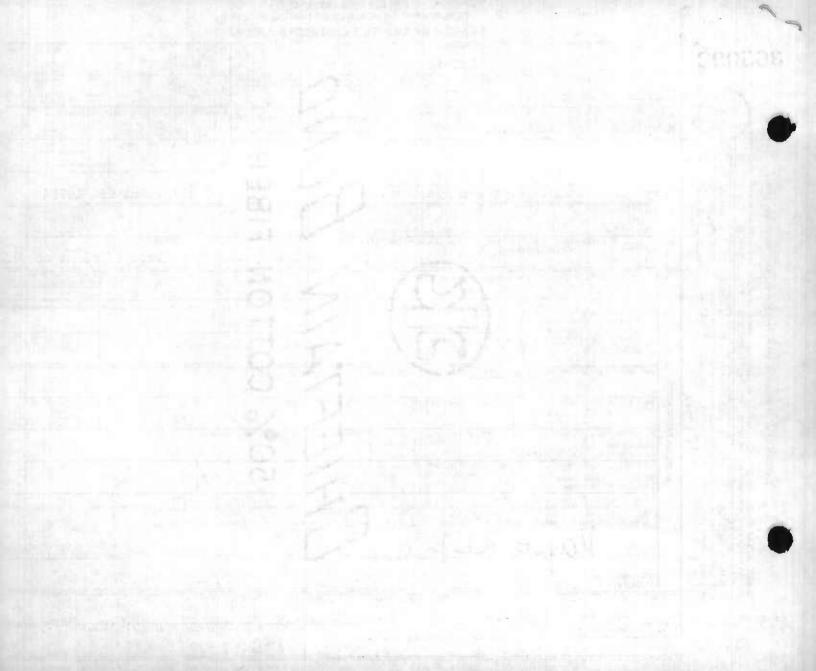
STIESE

1900.3 | 2411-54 the second second second second Miles with the branch Mc Pink of Constitution of the Pink of the THE HEALT THE STREET STREET P. LET

> ROLLMO FIRMONI, MALE, INC. 422 - North Floor, INC. Vice Michill, E.C. 22019

SECTION SECURIOR

		1	FOR STATE			EPARTMENT OF	HEALTH	AND MENTAL H	YGIENE	0 0	. 1 0	
		1	REGISTRAR					ERTIFICATE O		REG. NO.		
20	5000		CEASED NAM	E FIRST		MIDDLE		LAST	20. DATE KN	HINOM TXNWO	DAY YEAR	2b. HOUR
Ob	5032	(11)	E OR PRINT)	Domin	ique La	Trice	На	rris	OF E	ATED 12	20 19 85	
	ASESE.	3. SE	(4 RACE	IS DATE OF BIRTH	6 AGE (IN	EARS IF UN	DER 1 YR. IF UNDER		MONTH	DAY YEAR	2d HOUR
	1225	Fe	male	Black	11 02	85	YRS. TONTE	18 PARS HOURS	MIN PRONOUNCE DEAD	12	20 19 85	6:45
	12 800/	70 B	RTHPLACE (S		76. CITIZEN OF WH				X 9 BALTIMOR	RE CITY OR COUN		1 //
4	10000000000000000000000000000000000000	Ma	ryland		U.S.A.		WIDOW	ED NEVER MARRI	ED [4]	e George	la County	
	S. S. S. S.	The same of	TY OR TOWN	OF DEATH	11. NAME OF HOS	PITAL, NURSING HOA	AE, OR OTH		12a. USUAL OCCUPAT		126 KIND OF BU	JSINESS
	A PAGE	100	houzovlu			George's G		Hognital	None	G (IFE)	None None	RY
	T SSS T	USU	hever ly	(IF IN NURSING HOME	OR OTHER INSTITUTION, GIV	E RESIDENCE BEFORE ADMIS	SION)					
. 21201	AND AND HOUR RECO		ryland		e George's	Hyattsvi	11e		3600 55th	Avenue	#6 2078	4
A O	E-8014	14. F	ATHER'S NAM	E	MIDDLE	LAST		15. MOTHER'S MAIDE	N NAME MIDD	LE	LAST	
SE.	28 × 10		Donald	1		Harris		Myra 17. INFORMANT			Harris	s
₩.	8 4 9 8 8	160 \	VAS DECEASE ES, NO, OR UNKNO	DEVER IN U.S. AR	MED FORCES? WAR OR DATES)	16b. SOCIAL SECUR	ITY NO.			ADDRESS		12 -
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD.	A SEE SEE		No			None		Donald & M	yra Harris	(Parents	s) Same a	as #1
	N H H		IB CAUSE C	CATH WAYAR CALIFE	nly one cause per line			Charles Mark			APPROXIMATE BETWEEN ONSE	E INTERVAL
N S	A POSSIA		TANTIO	IMMEDIA	TE CAUSE (a) SUCC	den Infant		Syndrome				
STC	JTED WITHIN 24 IN PENCIL IN ITE EXAMINER ALON IAL - TRANSIT PEE OMENTAL HYGIE ON, OR REMOVA		The same			AS A CONSEQUENCE	OF					
0C	A AN			ins, if ony, which ise to immediate								
3	OR THE PEN		cause (a lying car) stating the <u>under</u> -	DUE TO, OR	AS A CONSEQUENCE	OF					
20	S A A A A		71.9	30 1031	(c)							
SOS	PA PRO CALL		PART 2 OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH I	UT NOT RELATED TO THE TE	RMINAL DISEASI	OR CONDITION GIVEN IN PAI	RT 1 to			
8	ULD BE EXECUTED IN PROPERTY OF THE MEDICAL EXAISED AS A BURIAL-E HEALTH AND ME AL, CREMATION, OF THE MEDICAL EXAISED IN THE MEDICAL EXAISED IN THE MEDICAL EXAISED IN THE MEDICAL EXECUTED IN THE MEDI	CERTIFICATION							-4-			
=	HOULD SHIEF A USED OF HE	3	190 DATE OF	OPERATION	19b. CONDIT	ION FOR WHICH OP	RATION W	AS PERFORMED?			20 AUTOPSY	?
1	WORD "PR WORD "PR E CHIEF I BE USED INT OF HE BURIAL,	E									YES X	NO 🗆
9	ATE WELD B			AL CAUSE WAS	21b. TIME OF HOUR A.M	MONTH DAY YE	21c HC	OW INJURY OCCURRE	D LENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR P.	ART 2)	
NO	SHOULD PARTIES OF TO THE SHOW TO THE S	3	UNDERLYING CONTRIBUTI	ING CAUSE OF			<u> </u>					
ZIS X	3 SF	MEDICAL	21d INJURY		STREET FACT	OF INJURY (AT HOME, ORY, FARM, ETC.)		CATION	CITY OR TOWN		DUNTY	STATE
ō	ARP	5	AT WORK	NOT WHILE E		, (, , , , , , , , , , , , , , , , ,			CIT OR TOWN		701417	STATE
	RE TE		22n Least	ifu that I tack chare	ne of the remoins desi	cribed obove, held an	Auton	y X Inspection	lnguiry	ond in my o		
	AND THE AND TH		deoth result		ral causes .		vicide	Hamicide X	Undetermined mann		pinion	
	EXAM CERTIF UID BE DIREC WARYL	100	geom reson	AI	A .	d/	orcide	TITLE (SPECIFY)	Onderermined mann	er,		
	ETHE CERT SHOULD ERAL DIRE EATH, WIT DRE, MAR		ACTUAL SIGNATURE	Mouls	tellhe	16188		Assistant		DATE	12/20	/85
	SER SER	1	SIGNATURE	100	Au	1.000	M	, local carre	MEDICAL EXAMIN	ER SIGN	ED	, 03
	SHE SHE		EXAMINER'S	NAME Marg	garita A. I	Korell, M.	D.	ADDRESS 111	Penn St.	Balto.MD	•	
	TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOUD BE FOUNERAL DIRECTE AFTER DEATH, WITH THE BALTIMORE, MARYLAI	23a B		TION, REMOVAL		1236, NAME OF C			123d LOCATION			
07/04		1	DECIEVA		12/23/85			Cemetery	CITY OR TOWN			TATE
07/84 25M	BP	₹9 yE				al Home, P	-	250. DATE R	Brentwood EC'D. BY REGISTRAR	P.G. 25b. REGISTRAR'S	SIGNATURE	yland
	DHMH - 17 (VR A15 ME (5))	1-	ON P T	asch s s	ons runara	in Home, P	a.	DF	C 27 4000	A SHEET	M	
	(4/	34 Rali	imore Av	enue Hyati	sville, Mo	1. 207	81			Children Indiana	Page 1



360044

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

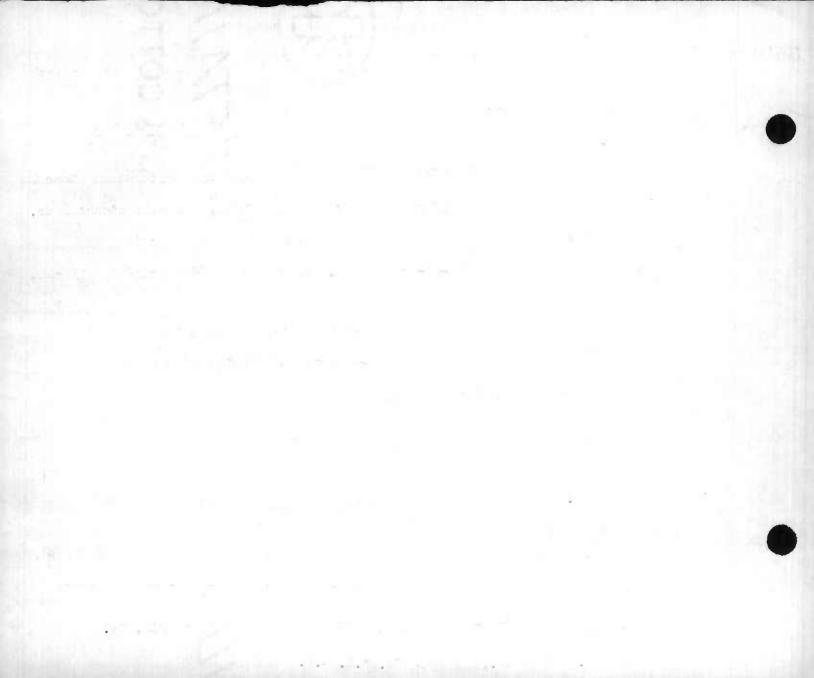
	CER	TIFICATE OF DEATH	REG N	0			
	MIDDLE	LAST	20 DATE OF DEATH	MONTH	DAY YEAR	26. HOUR	
IE		HARRIS	1. %	12 2	0 85	10:25a M	
4 RACE			6. AGE (IN YEARS LAST BI	THDAY	F UNDER I YEAR	IF UNDER 24 HRS	
Black	. 9		96	YRS.	MORINS DATS	HOURS MIN.	
76. CITIZEN OF	WHAT COUNTRY?				Y OF DEATH		
	TTG		PRINCE GEO	ORGES	COUNTY	MD.	
11. NAME OF	HOSPITAL, NURSING HOA	AE OR OTHER INSTITUTION				F BUSINESS OR	
SOUTHER	N MARYLAND H	OSPITAL CENTER	-			None.	
OR OTHER INSTITUTION		DN)			100	255	
701411	Clinton	YES NO				Hoen	
	LACY		ME				
MIDDLE	LASI	Anna	WIDDLE	Day			
	166 SOCIAL SECURITY NO	D. 17 INFORMANT	ADDR		10		
GIVE WAR OR DATES)	578-12-5148	A Ms. Delores	Brooks/day	ighte	r/9212 1	incoln	
only one couse ne	•		Unner	Max	APPROXI	MATE INTERVAL	
JSED BY:	18811	who was	opper	. clai.	411	NE	
IATE CAUSE (0)	1000	0000	Į.		1	1000	
DUE TO, O	R AS A CONSEQUENCE O	hartalic Du	and D	10	/		
(b)_		ing puric en	-eprasona	my			
Conditions, if ony, which (b) (b)							
couse (o), stofing the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF SUDKE INHITIATION (CONTE)							
IT CONDITIONS CO	ONTRIBUTING TO DEATH	BUT NOT BELATED TO THE TERM	AINIAI DICEACE OB CON	DITIONIC	WENT IN DART 1		
20592	7 4 6 4		MINAL DISEASE OR CON	DITION	IVEN IN PART 10	0'	
196 COND		,	20a AUTOPSY?	20b. IF YE	S, WERE FINDIN	IGS USED	
1007						OF DEATH?	
71h TIME C	OF IN IURY	171c HOW INJURY OCCUR				NO []	
		AR	LED TENIER NATURE OF INJU	RT IN ITEM ID	PART (ORPART 2)		
			CITY OR TO	NW	COUNTY	STATE	
			11/2		or		
		10/10 19 83	, to		19_63	that (1) (we) lost	
		, and that in (my) (our) opinion	death occurred on the d	ote and ha	ur and from the	couses stated	
- /		DEGREE			22c. DATE	SIGNED	
my 1		ATTENDING PHYSICIAN D	MEDICAL STA	FF CIAN C	12/	21/85	
PE OR PRINTE		22e ADDRESS	J DIRECTOR THIS				
MD		7801 OTD BRA	NICH AVE CI	TNTO	V MD 20	735	
	122. NAME C			7114101	7 700 20	7733	
	0-		CITY OR TOWN		COUNTY	STATE	
12-2/	-85 Alex						
	ADDR6 <<	25a. DAT	TE REC'D. BY REGISTRAR	25b. REGIS	TRAR'S SIGNAT	URE	
ines Co		N F D C 200	17 23 1985	44 13	100	616	
	A RACE Black 7b. CITIZEN OF 11. NAME OF (W NOT INSUE SOUTHER FOR OTHER INSTITUTION DUNTY MIDDLE ARMED FORCES? GIVE WAR OR DATES) TONIN ONE COUSE PER USED BY: DUE TO, O (b) DUE TO, O (c) TONDITIONS CO DATE CAUSE (o) 19b. COND THE PLACE (AT HOME, ST DOSPITAL PLACE (AT HOME, ST TOT WINNER) P. 21c. PLACE (AT HOME, ST TOT WINNER) MD (AL 23b. DATE 12-27	ARMED FORCES? ARMED	HARRIS I. RACE Black 10	THE MADDLE LAST TO DATE OF DEATH HARRIS LAST HARRIS LAS	THE MARKED SOLUTION OF STREET ADDRESS OF SOLUTION OF STATE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OF STATE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OF STATE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OF STATE CONDITION FOR WHICH OPERATION WAS PERFORMED 110. NO AS A CONSEQUENCE OF STATE CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OF STATE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OF STATE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OF STATE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OF STATE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OF STATE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OF STATE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OF STATE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OF STATE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OF STATE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OF STATE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OF STATE CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OF STATE CONTRIBUTION OF STATE CONTRIB	THE CONDITIONS CONTRIBUTING TO REAL BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 DUE TO, OR AS A CONSEQUENCE OF LED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 DUE TO, OR AS A CONSEQUENCE OF LED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 DUE TO, OR AS A CONSEQUENCE OF LED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 DUE TO, OR AS A CONSEQUENCE OF LED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 DUE TO, OR AS A CONSEQUENCE OF LED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 DUE TO, OR AS A CONSEQUENCE OF LED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 DUE TO, OR AS A CONSEQUENCE OF LED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 DUE TO, OR AS A CONSEQUENCE OF LED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 DUE TO, OR AS A CONSEQUENCE OF LED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 DUE TO, OR AS A CONSEQUENCE OF LED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 DUE TO, OR AS A CONSEQUENCE OF LED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 DUE TO, OR AS A CONSEQUENCE OF LED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 DUE TO, OR AS A CONSEQUENCE OF LED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 DUE TO, OR AS A CONSEQUENCE OF LED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 DUE TO, OR AS A CONSEQUENCE OF LED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 DUE TO, OR AS A CONSEQUENCE OF LED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 DUE TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 DUE TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 DUE TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 DUE TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 DUE TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 DUE TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 DUE TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 DUE TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 DUE TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PA	

DHMH - 16 50M 4/83 (VRA 15, 4)

John T. Rhines Co. 3015

BP.

IMPORTANT: If hen 21 is morked or Hem 18 shows ony injury, or other troumotic event, the



053	L	REGISTRAR			CERTIFI	ICATE OF DEATH	REG. N	10.		
3		ELS I	E M	MIDDLE	HARR:	IS	20 DATE OF DEATH	12-1	17-85	26 HOUR 1 :451
20	3 SE	Х	4 RACE		5. DATE O	OF BIRTH	6. AGE (IN YEARS LAST BI	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 H
TO A		Female	B1	ack	MONTH	12 DAY 18 YEAR 33	51	YRS.	MONTHS DATS	HOURS M
1 33	70 B	RTHPLACE IN ATEOR FOREN	76 CITIZEN O US A	F WHAT COUNTRY?	MARRIED WIDOWEI	D NEVER MARRIED D DIVORCED	PRINCE GE	OR COUNT		r
filed with		CHEVERLY				RAL HOSPITAL	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST Bus Driver	OF WORKING	LIFE) INDUSTRY	BUSINESS
filled in hould be	130	id.	COUNTY	13c CITY OR TOY Riverd	ale	13d. INSIDE CITY LIMITS? YES 🔼 NO 🗌	13e STREET ADDRESS 6835 Rive		DE 20	73%
and 2 sh and 2 sh exemine	14. F/	Milton	WIDDIE	Shorts		15. MOTHER'S MAIDEN NA Louise	Mar		Bur	
s. Pages	16a V	NAS DECEASED EVER IN L NOO OR UNKNOWN) (IF	J.S. ARMED FORCES? FYES, GIVE WAR OR DATES)	230-40-		Mr. Rober	ADDR t L. Harris		and/same	as 1
ittending phy ve carbanpo ian, ar remai aumatic eveni	1	Conditions, if any, wh	The same of the sa	or as a conseou		Ceule my	cardio	Lefac	de	
been signed by the attending rmt. Then please remove carbon prior ta burnal, cremation, ar re pay injury, or other traumatic e-	CATION	Conditions, if any, wh gave rise to immedi cause (a), stating underlying cause le	DUE TO, nich oute the out to cost	OR AS A CONSEQU	ENCE OF	Corevacy (NOT RELATED TO THE MERN N WAS PERFORMED		20b IF Y	ES, WERE FINDIN	GS USED
icate has been signed by the attending ransit permit. Then please remove carbon Hygene prior to burial, cremation, or relatives any injury, or other traumatic e-	CERTIFICATION	Conditions, if any, wh gave rise to immedicate (a), stating underlying cause let PART 2 OTHER SIGNIFIC 190. DATE OF OPERATION (2)0. ACCIDENT WAS UNDERLY	DUE TO, nich sote the ost OCANT CONDITIONS C	OR AS A CONSEQUE CONTRIBUTING TO DITION FOR WHICH	DEATH BUT I	Corenacy (200 AUTOPSY? YES NO	20b IF YI IN CERT	ES, WERE FINDING CAUSES	GS USED
retificate has been signed by the attending of-transit permit. Then please remove carboi ital Hygiene prior to bural, cremation, or reem 18 shows any injury, or other traumatic e-		Conditions, if any, wh gove rise to immedicate (a), stating underlying cause to PART 2 OTHER SIGNIFIC	DUE TO, on the total the DUE TO, on the total the DUE TO, on the D	OR AS A CONSEQUE	DEATH BUT I	Corevacy (NOT RELATED TO THE TERM N WAS PERFORMED	200 AUTOPSY? YES NO	20b IF YI IN CERT	ES, WERE FINDING CAUSES	GS USED OF DEATH?
icate has been signed by the attending ransit permit. Then please remove carbon Hygene prior to burial, cremation, or relatives any injury, or other traumatic e-	MEDICAL CERTIFICATION	Conditions, if ony, wh gove rise to immedicate (o), storing underlying cause it PART 2 OTHER SIGNIFIC 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	DUE TO, nich note the DUE TO. CANT CONDITIONS (I 196. CONI I 196.	OR AS A CONSEQUE CONTRIBUTING TO DITION FOR WHICH OF INJURY A.M. MONTH D	DEATH BUT I	Corevacy (NOT RELATED TO THE TERM N WAS PERFORMED	200 AUTOPSY? YES NO	206 IF YI IN CERT Y JRY IN ITEM 18	ES, WERE FINDING CAUSES	GS USED OF DEATH? NO [
his certificate has been signed by the attending burial-transit permit. Then please remove carboi if Mental Hygiene prior ta burial, remaition, or reformed is shows any injury, or other traumatic examples.		Conditions, if any, wh gove rise to immedicate to immedicate to immedicate to immedicate to the condition of	DUE TO, on the other of the other obstacles o	OR AS A CONSEQUE CONTRIBUTING TO DITION FOR WHICH OF INJURY A,M. MONTH D P.M. E OF INJURY TREET, FACTORY, OFFICE	DEATH BUT I	Corevacy NOT RELATED TO THE TERM N WAS PERFORMED 210 HOW INJURY OCCUR	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJURE), to DEC.	20b IF YI IN CERT Y DRY IN ITEM 18	ES, WERE FINDIN IFYING CAUSES YES PART LOR PART 2) COUNTY	GS USED OF DEATH? NO STATE
VIRECTOR: After this certificate has been signed by the attending ched for use as the burial-transit permit. Then please remove carbon topts of Health and Mental Hygiene prior to burial, cremation, or refer many in marked or them 18 shows any injury, or other traumatic er them 21 is marked or them.		Conditions, if any, wh gove rise to immedicate to immedicate to immedicate to immedicate to the condition of	DUE TO, nich to the the out to the out to the out to out the out to out to the out to th	OR AS A CONSEQUE CONTRIBUTING TO DITION FOR WHICH OF INJURY A,M. MONTH D P.M. E OF INJURY TREET, FACTORY, OFFICE	DEATH BUT I	NOT RELATED TO THE TERM N WAS PERFORMED 216 HOW INJURY OCCUR 211 LOCATION SIREET 17, 19 85 Ind that in (my) (our) opinion DEGREE ATTENDING	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJURE), to DEC.	20b IF YI IN CERT Y OWN 1/, lote and ha	ES, WERE FINDING CAUSES VES (1) LEART LOR PART 2) COUNTY 19 85 1 224. DATE:	GS USED OF DEATH? NO
VIRECTOR: After this certificate has been signed by the attending shed for use as the burial-transit permit. Then please remove carboi rept of Health and Mental Hygiene prior to burial, cremation, or refirm 21 is marked at them 18 shows any injury, or other traumatic er them.	MEDICAL	Conditions, if any, wh gove rise to immedicate (a), stating underlying couse in PART 2 OTHER SIGNIFIC 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSI IF EITHER NOTIFY MEDICAL E. 21d. INJURY OCCURRED WHILE ALWORK NOT WHILE ALWORK NOT WHILE ALWORK NOT WHILE SOW the deceased a obove, (1) (we) (did). 22b. SIGNATURE	DUE TO, on the cost of the cos	OR AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF A CONSEQUENCE OF INJURY A.M. MONTH D.P.M. E.OF. INJURY STREET, FACTORY, OFFICE Interest of the deceosed from	DEATH BUT I OPERATION AY YEAR 19 FARM ETC I DEC	NOT RELATED TO THE FIERM N WAS PERFORMED 211 LOCATION STREET 17, 19 85 Id that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN \$	200 AUTOPSY? YES NO CITY OR TO to DEC. MEDICAL STA	20b IF YI IN CERT Y OWN 1/, lote and ha	ES, WERE FINDING CAUSES VES (1) LEART LOR PART 2) COUNTY 19 85 1 224. DATE:	GS USED OF DEATH? NO STATE hot (h (we)) causes stoted

self deligible in the self of A self and day of the

347021

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CERTIF	ICATE OF	DEATH		REG. NO					
	CEASED NAME FIRST		MIDDLE	- L	AST	A - US	20 DATE OF D		ONTH	DAY	YEAR	26 HOUR	R A
TYPE	OR PRINT)	JOHN	COOLEY	HA	RRIS,	JR	DECEM	BER 9	, 1	1985		12:3	
3 SE	x	4 RACE		5 DATE O			6 AGE (IN YEAR	RS LAST BIRTH	DAY}	MONTHS	PAYEAR	IF UNDER 2	-
	Male	Blac	k	Aug.	DAY 2	5 1914	71		YRS.	MONTHS	DATS	HOURS	MIN.
70 B	RTHPLACE (STATE OF FOREIGN		OF WHAT COUNTRY		Y		9 BALTIMORE	CITY OR		Y OF DE	ATH		
	shington.DC	TI	S 1	MARRIED		R MARRIED L	Pr	ince	Geor	on te			***
-	ITY OR TOWN OF DEATH		OF HOSPITAL, NURSI	NG HOME O	- had		120 USUAL OC	CUPATIO	Ν	12b.	KIND OI	F BUSINES	SS OR
L	anham		SUCH FACILITY, GIVE STREE		-		TYPE OF WORK FO						,
USU.	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUT	rs Hospit	RE ADMISSION	Pr. (eo. Co.	Friegh	IT C	Lerk	CIK	eti	erec	1
3a. S	STATE 13b CO		13c. CITY OR TOV		-	CITY LIMITS?	13e STREET AD				7	779	99
114 F	D.C. NOT	ne V	Washin	gton	YES X	R'S MAIDEN NA		lash	Sti	reet	· S.	10	-
	FIRST	MIDDLE	LAST	- 0		FIRST		WIDDLE			LAST	r	
	John	ABASED FORES	Cool	- 0/		izabeth		ADDRES	-	На	rri	S	
		GIVE WAR OR DATE	5)		17. INFORA		fe)						
	No		577-24	<u>-1698</u>	Glad	dys Bes	st Harr	ris 4	4213			St.S	S.E
Е.	18 CAUSE OF DEATH (Enter	only one couse	per line for (a), (b), or	nd (C		- 4				BB	APPROXI	MATE INTERV	DEATH
		IATE CAUSE 10	CARDIORE	SPIRA	CORY F	AILURE				-			
-33		DUE TO	O, OR AS A CONSEQU	ENCE OF									
	Conditions, if any, which	(16	ANURI	Α									
	gove rise to immediate couse (a), stating the	DUETO	O, OR AS A CONSEQU	ENCE OF									
	underlying couse lost	((c)	METASTAT	IC REN	VAL CA	RCINOMA							13
-	PART 2 OTHER SIGNIFICAN	I CONDITION	S CONTRIBUTING TO	DEATH BUT	NOT RELAT	ED TO THE TERM	INAL DISEASE	DRCOND	ITION GI	IVEN IN P	ART 1 o		
CERTIFICATION		10											
3	190 DATE OF OPERATION	196 CO	NDITION FOR WHICH	OPERATION	WAS PERF	FORMED	200 AUTOP	243				IGS USED OF DEATH	
E E		100					YES _ N	101		ES 🗌	A0020	NO [
	210. ACCIDENT WAS UNDERLYING	100000	E OF INJURY	AY YEAR	21c HOW	INJURY OCCURR	RED (ENTERNATU	RE OF INJURY	IN ITEM 18	PART + OR P	ARI 2)		YELV
N N	OR CONTRIBUTING CAUSE OF	DEATH	P.M.	19	100								
MEDICAL	21d INJURY OCCURRED		CE OF INJURY		211 LOCAT			CITY OR TOW	N	cou	INTY	ST	ATE
2	AT WORK NOT WHILE	(A) HOM	E, STREET, FACTORY, OFFICE	FARM EIC)	3186			.,,				311	
	22a I certify that (I) (this ho	spital) attended	d the deceased from.		18	1985	to			19 8	5	that (I) (w	ve) lost
	sow the deceased alive above, (1) (we) (did) (did	on	19_	. on	d that in (m	y) (our) opinion o	death occurred i	on the dot	e and ha	ur and fir	om the d	causes sto	ted
	22b. SIGNATURE)	• å		DEGREE					220	DATES	SIGNED	
	el 1	Shot	y		MD	ATTENDING PHYSICIAN	MEDICAL	STAFF		12 1	12/1	10/85	
	224 PHYSICIAN'S NAME (TYP	PE OR PRINT)			22e ADDR			, , , , , , , , , , , , , , , , , , , ,			, 1	. 0, 05	
	R.G. BHOJR	A.T			704	Corman	A170 T	1 т	0	1 M	.1		

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: , should be detached for use with the State Dept. of Hea

IMPORTANT: IF

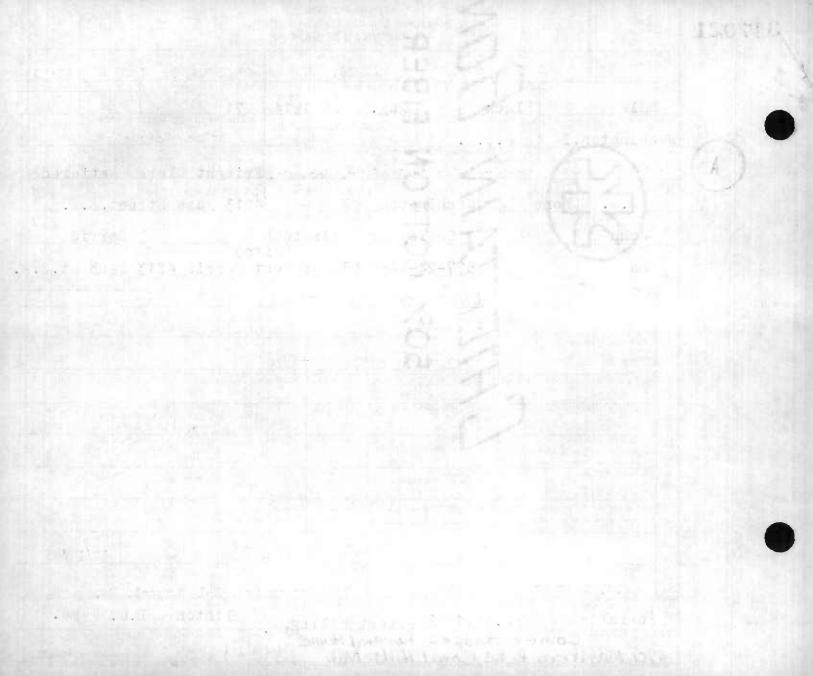
Burial

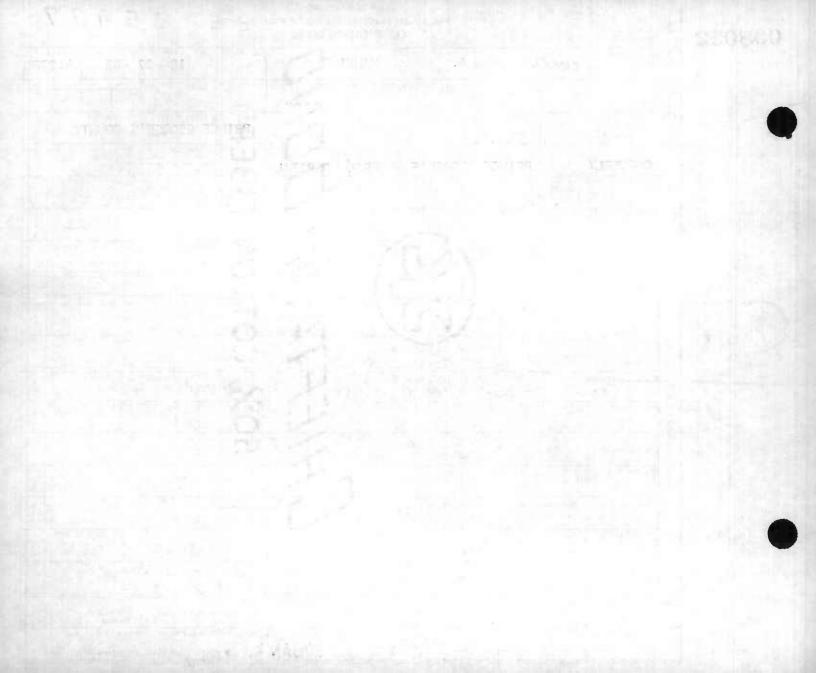
230. BURIAL, CREMATION, REMOVAL

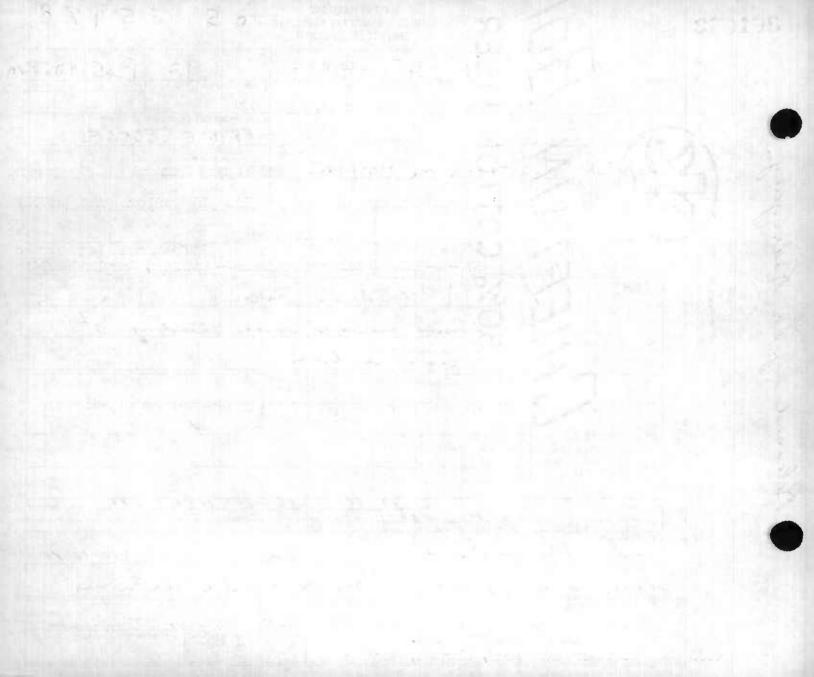
cl'inton

Md . STATE P. GUNTY

Burial Dec. 13, 1985 Forrest Hills Man CI's Funeral Home 250. DATE RECID. BY 4901 Mariboro Pike, Coral Hills Md. REGISTRAR 25b. REGISTRAR'S SIGNATURE









0.0	00101	1	FOR			SEDADT.	MENT OF	IE OF W	TAKTLAN	DIT AL LI	CIENE	0.00	7 12	1	3
33	3075		STATE								F DEATH	,	7 3	. 0	
	1		REGISTRAR CEASED NAME	FIRST	MEI	MIDDLE	EXAMIN	ER 3 C	EKTIFIC	AIEO		KLO	, NO.	H- DAY YEA	e lar HOLID
	18	(TYP	OR PRINT))	1. 1	2/	11.	. 6	1			OF ESTI-	-	B DAT TEA	R Zb. HOUR
	数多语品用			oroto	/	ac.	NE	1/ser	1			ATH MATED	4/1	-3 190) M
	当日でる日	D. SED	4 RAC	E ,	5 DATE OF BIRTH	YEAR	6. AGE (IN YE LAST BIRTHD.	ARS IF UN		HOURS		DATE	MONT	H DAY YEA	THOUR
	S S S S S S S S S S S S S S S S S S S	13	male Wi	rile	8-3-		1 8 C					DEAD	14-	3 198	SPM
-	845年		RTHPLACE (STATE OR		76 CITIZEN OF WE	HAT COUN	ITRY?	8. MARRI	ED NEY	ÆR MARRIE	D 0 9. B7	TIMORE CIT	TY OR COU	NTY OF DEATH	
	数KS≥g	Per	nsylvania		U.S.A.			WIDOW	ED D	DIVORCE	0 0 /	ince	(7.C.	nges	MD.
-	SHAME!		TY OR TOWN OF DEA	ATH	11 NAME OF HOS			OROTH	ER INSTITUT	ION		CCUPATION OF WORKING LIFE)	(TYPE OF WOR	K 126 KIND OF OR INDU	BUSINESS
	ALAES I	Kin.	not Munho	10	11003	LILIYGIVES	1. MIL	18	1 Ve	8.3	Homema			Home	SIKI
	DE LOS		L RESIDENCE (IF IN NU	IRSING HOME OF	OTHER INSTITUTION, GI	VE RESIDENCE	BEFORE ADMISSI	ON)	/				002 m	yrone Di	citto =
120	39458	AC 40 17 21	rate	Dring	e George'	13t. CITY	OR TOWN	pper	13d INSIDE CIT	NO 🗌	13e STREET A	DDRESS 11	.005 1	Aroue pi	.ive
0	TAGES -	Personal Science	THER'S NAME	PLLIC	e George	^b Ma	rlboro			R'S MAIDEI	LNIAME			=0	100
3	Ex#01//	1	PRST	_	MIDDLE		LAST		FH	RST	AIAWME	WIDDLE		LAST	
1 -8	30 39 OF	-	George VAS DECEASED EVER	J			lker	VAIO	Mar:			ADDE	DECC	Heart	
1 48	道語 まる	(Y	ES, NO, OR UNKNOWN)	(IF YES, GIVE V	VAR OR DATES)									0 Flori	
13	West and a second	1	NO .	N/A			-22-27	18	Betty	y Thor	npson	Upper	Marl	boro Md.	
1	2887□		18 CAUSE OF DEAT PART I DEATH W	H (Enter only	y one cause per line	for all th	and (c).)	-				0 1	30.0		ATE INTERVAL
- E	A BRANCH		PARTIDEATH W		E CAUSE	Len	opell	olu	Cler	drov	ascu	lo de	elde	<	
STO	SA A PERSON				DUE TO, OR	AS A CON	SEQUENCE	OF						-	
86	E SA TE		Conditions, if gove rise to		(b)									100000	
*	NAME ES		couse (o) stating												
20	BANK N		lying couse lost.		(c)									-	
8	AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA		PART 2 OTHER SIGNIFICAN	IT CONDITIONS C	ONTRIBUTING TO DEATH	BUT NOT RELA	TEO TO THE TERM	INAL OISEASE	OR CONDITION	GIVEN IN PAR	[] (a).				
ŏ.	SA SA SER	Z													
- W	04×440-	CERTIFICATION	190 DATE OF OPERA	ATION	196. CONDI	ION FOR	WHICH OPER	ATION W	AS PERFORA	MED?				20 AUTOP	SY?
TAL	OF THE STATE OF TH	E E	Willes &		- INCHE									YES [X ON
5	A S S S S S S S S S S S S S S S S S S S	1 5	210 EXTERNAL CAU	SEWAS	21b. TIME OF	INJURY		21c HC	OW INJURY	OCCURRED) LENTER NATURI	OF INJURY IN ITE	M 18 PART I OR		NOZ
0	SHEER S	11/2/2011	UNDERLYING .	OR			DAY YEAR	3							
DIVISION OF	E STATE	MEDICAL	CONTRIBUTING 21d INJURY OCCUR	PED	P.M.		19 (AT HOME,	121f 1.Or	CATION					-	
2	BEBER	A	WHILE NOT AT WORK	WHILE	STREET FACT	ORY, FARM, E			TREET		CITY	OR TOWN		COUNTY	STATE
	ANA WAR		AT WORK AT W	ORK									/		
	AN ONLY		22a. I certify that	I took chorge	e of the remains des	cribed abo	ve, held on	Autap	sy .	Inspection	I. In	quiry ,	and in my	opinion	
220	ME SEE		death resulted Iran	n: Noture	ol couses ,	Accident	, Su	icide	, Homici	ide .	Undetermin	ed monner	<u> </u>		
	ERT ERT WITH WITH ARY		47131112	1	416	000			TITLE (SF	PECIFY)				1.5	7 02
	A TROOPER		ACTUAL SIGNATURE	Trugo	esso X	For	refer	5	Depu		MEDICAL	EXAMINER	DAT	NEL -	3-85
	SER SER	1		1			10//	0					310		
	MEDICAL ECUTE THE GIF 4 SHOW FUNERAL TER DEATH		(TYPE OR PRINT)	Augus	to P Rodr	iguez	. M.D.		ADDRESS 5	009 R	avburn	Ct .	Temple	Hills,	Md
	DAY OF A	23a. B	URIAL, CREMATION, F				NAME OF CE					rtenham			
07/84	DD .		rial	D	ec. 6, 19	85 M	aryLand	1 Vet	erans	Cem.	(Che)	rtennam	1 (₽∵G.	Md.
25M	BP		JNERAL DIRECTOR						12	25e. DATE-R	EC'DE BY REG	STRAR 256 F	REGISTRAR	S.SIGNATURE.	
	DHMH - 17 (VR A15 ME (5))		NAME Lee Fur							ual	0 130	3.7 1	APR 12	A	
	61	133	Old Alexa	nder F	erry Rd.	Clin	ton, M	1. 20	735						

San State of the Control of the Cont All Market Description and Company of the Company o

BALTIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

STATE OF MARYLAND FOR STATE CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO											
DEATH	MONTH	DAY									

-01	_							5. NO				
2		CEASED NAME FIRST		AIDDLE		LAST	20 DATE OF DEAT			YEAR	26 HOUF	
7		Cather:	ine		Hod	ge	December	2, 19	185		8:4	5A M
	3. SEX		4 RACE		5. DATE O		6 AGE LIN YEARS LAS	T BIRTHDAY)	IF UNDER	DATS	IF UNDER	
	F	emale	Caucas	ian	Marc		65	YRS		DATS	HOURS	MIN,
1	7a BI	IRTHPLACE I STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CIT			ATH		
6	M	aryland	U.S.	A.	MARRIE	D NEVER MARRIED DIVORCED	Prince	George	rec			410
4		ITY OR TOWN OF DEATH			•	OR OTHER INSTITUTION	12a USUAL OCCUP			KIND OI	BUSINES	MD.
	Ca	pitol Heights	1626 G	uarter A	ADDRESS)		School S				Cour	rtv
7		AL RESIDENCE OF NURSING HOME OF	ROTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION						2071	
0			e George	s Suitla:	nd	13d. INSIDE CITY LIMITS?	3940 Bex.	lev Pl	ace.	#506	5	
		ATHER'S NAME				15 MOTHER'S MAIDEN NA	-					
0	13	Shelby	WIDDLE	Brightw	ell	Mary	MIDD	ΙĒ	Pa	dge	tt	
		WAS DECEASED EVER IN U.S. AF	MED FORCES?	166. SOCIAL SECU	RITY NO.	17 INFORMANT	169	6 Qua	rter	Ave.		
	-	No	VE WAR OR DATES)	213-44-	5405	Virginia G.	Porter Ca	apitol	Heig	hts	Md.	
		18 CAUSE OF DEATH (Enter or	nly one couse per	line for io), (b), on	dic						NATE INTERV	
		PART I. DEATH WAS CAUSE	D DV			NARY ARREST					UTE	
'n		IMMEDIA										
	- 7	Conditions, if any, which	DUE TO, OI	ISCHEMI	C CAI	RDIOMYOPATH:	IES.			YEA	RS.	
	. 7	gove rise to immediate	(b)									
		cause 101, stating the underlying cause last		AS A CONSEQUE HYPERTE		E CARDIOVAS	CULAR DI	SEASE		YEA	RS.	
	А	PART 2. OTHER SIGNIFICANT	CONDITIONS	NITPIBLITING TO 1	DEATH BUT	NOT BELATED TO THE TERM	INAL DISEASE OR C	ONDITION	SIVENI INI D	-		
	NO		The second second			SEMA. HISTOI		ROKES		AKT TIO		
4	CERTIFICATION	19g DATE OF OPERATION				N WAS PERFORMED	200 AUTOPSY?		YES, WERE	FINDIN	GS USED	
	IFIC						YES T NOT	_	TIFYING C	AUSES	_	
	ERT	71a ACCIDENT WAS UNDERLYING	7 21b. TIME O	FINJURY		21c HOW INJURY OCCURE	V	V		ART 21	NO [_
1	_	OR CONTRIBUTING CAUSE OF DE	AIN	M. MONTH DA			TEN TENTONE OF	7-130X1 X-11EM1	0 1 1111 1 0111			
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE)	P. P. PLACE (19	21f LOCATION			100			
	ME			EET, FACTORY, OFFICE, F	ARM ETC)	STREET	CITY	RIOWN	COL	NTY	St	ATE
		AT WORK AT WORK			A 12 G	10.7000		0 10				
		22a I certify that (I) (this hasp sow the deceased alive or	Dec. 2	deceased from_	85	19 198019		.2 19			hot (I) (w	
3		obove, (1) (we) (did) (did no	ot) view the body	ofter death.	, 0	no mor m (my) (our) opimen	death accurred on th	e date and h				ted
		22b. SIGNA HITT	1			DEGREE ATTENDING	MEDICAL	STAFF	220	DATE	SIGNED	
1		yeld	DOY	mp	1	M.D. PHYSICIAN	DIRECTOR PH	SICIAN [D	EC.	2 1	985
		22d. PHYSICIAN'S NAME (TYPE O	700			7000 OT A P	annala Assa	074-	+	Man		a
	, F.	Peter W. Yi	m, M.D.			7900 Old Br	anch ave.	, CIII	ton,	rar	yran	u
	23a B	BURIAL, CREMATION, REMOVAL	236. DATE	23c h	NAME OF C	EMETERY OR CREMATORY	23d LOCATION					
	{	Cremation	12/3/8	5 Me	tropo	litan Cremato:	ry Alexa	andria	COUNT		ginia	ATE L

DHMH - 16 60M 7/B4

(VRA 15, 4)

24 FUNERAL DIRECTOR George P. Kalas Funeral Home Oxon Hill, Md.

Metropolitan Crematory

Virginia REGISTRAR 256. REGISTRAR'S SIGNATURE If with the . * wife and

X A. S. T. W. L. W. Brook Brook Co.

.

end to detect 3th textey ince, apt. 506 moneral syntaments. S. C. County

.or .evi retrac deser de cartes de cartes de la carte de la carte

STO DIA Branch ave., Clinton, Hittelina

Mary and Crime Jacques of the company will be the series Throng William

Giorge a. Kilas Janes Gross Gross Lill, Mc.

Designation of Table 1995

that on the

ALEXANDER S. POPE-2617 Pa Ave., S.E. Wash DC

(VR A 15 (4))

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST

DHMH - 16 60M 7/B4 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG.	NIC
KLO.	14/

										TH DA	Y YEAR	The second second
	DR PRINT	FIRST	,	AIDDLE	£.	AST		20 DATE OF DEA	IH WOM	16 00	TEAR	26. HOUR
		Helen		Mildred	Hol	llidge	112	Decembe	r 13,	198	35	8:55
1.58			4 RACE		5. DATE C		YEAR	6 AGE (IN YEARS L	AST BIRTHDAY) IF	UNDER I YEAR	IF UNDER 24
, 1	Pemale		White		09	05	1905	80		YRS		
	IRTHPLACE (STATE OR COUNTRY)	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIEI	□ NEVER	MARRIED -	9 BALTIMORE C	TY OR CO	DUNTY C	OF DEATH	
Wa	shington.	D.C.	U.S.A		WIDOWE	DX D	IVORCED [Prince		ge's	Count	y
10 C	ITY OR TOWN OF DEA	ATH		HOSPITAL, NURSI		R OTHER INS	NOITUTION	Printer		RKING LIFE)	12b. KIND (OF BUSINESS
	neverly			. Genera		pital		Printer	ASS1	stan	t U.S	. Govt
Ма	AL RESIDENCE (IF NURS	P.G.		Seabroo		YES T	NO 🗌	13 STREET ADDR	ess 1 ZIP od 1 uc	k Ro	ad #4	2070
III. EA	Joseph	M	AIDDLE •	Smith			'S MAIDEN NAM	ΛΕ G	DLE		Fú	sie
No.	WAS DECEASED EVER		MED FORCES? WAR OR DATES)	219-48-		17 INFORM		dge (Son	DDRESS) Sam	ie as	#13	
	CAUSE OF DEAT	H (Enter an)	v ane cause per	line far (a), (b), a	nd (c)						APPROX	IMATE INTERVA
	PART I. DEATH W		E CAUSE (a)	Aleele	Mulin	mar	U Cdl	ma			4 113	
									- 2 - 1	1000		
			DUE TO OF	R AS A CONSEQU	IENICE OF		-					
			DOL TO, OI	AS A CONSECU	ENCE OF							
	Canditions, if ony		(b)_	A	ance of	erte	oy de	sean				
	gove rise to imr	mediate	(b)	Coron	aryc	inte	sy de	ma sean				
		mediate ig the	(b)	COTON RAS A CONSEQU	ON 4 C	Inte	sy de	sean				
	gove rise to immorcause (a), stating underlying cause	mediate ig the last.	(b) DUE TO, OI (c)	COTON RAS A CONSEQUE	ony congenerated	non						
7	gove rise to immo	mediate ig the last.	(b) DUE TO, OI (c)	COTON RAS A CONSEQUE	ony congenerated				CONDITIC	DN GIVEN	N IN PART 1	a
NOIL	gove rise to improve to improve to improve to improve to improve the course thad the course the course the course the course the course the cou	mediate ag the last.	DUE TO, OI	COVEN.	DEATH BUT	NOT RELATE	D TO THE TERMI					
ICATION	gove rise to immorcause (a), stating underlying cause	mediate ag the last.	DUE TO, OI	COTON RAS A CONSEQUE	DEATH BUT	NOT RELATE	D TO THE TERMI		206	. IF YES,	WERE FINDI	NGS USED
RTIFICATION	gove rise to imicause ioi, statir underlying couse PART 2 OTHER SIGN	mediate ag the last.	DUE TO, OI	COVEN.	DEATH BUT	NOT RELATE	D TO THE TERMI	NAL DISEASE OR	20b	. IF YES,	WERE FINDI	
CERTIFICATION	gove rise to imicause (a), stafir underlying cause PART 2 OTHER SIGN 19a DATE OF OPERA 21a. ACCIDENT WAS UNI	mediate ng the last. NIFICANT CO	(b)	R AS A CONSEQUE ON TRIBUTING TO	DEATH BUT	NOT RELATED	D TO THE TERMI	NAL DISEASE OR	20b	, IF YES, Y CER#IEYI YES	WERE FINDI	NGS USED S OF DEATH
	gove rise to imicause al, statir underlying cause PART 2 OTHER SIGN	mediate ig the last. NIFICANT CO	DUE TO, OI (c) ONDITIONS CO 19b. CONDI 21b. TIME O HOUR A.I	R AS A CONSEQUENCE OF INJURY M. MONTH D	DEATH BUT	NOT RELATED	D TO THE TERMI	NAL DISEASE OR 200 AUTOPSY YES \(\) NO	20b	, IF YES, Y CER#IEYI YES	WERE FINDI	NGS USED S OF DEATH
	gove rise to immicate to immicate the property of the property	mediate rg the relate last. NIFICANT CO TION DERLYING CAUSE OF DEAT CALEXAMINER)	DUE TO, OI (c) 19b. CONDI 19b. TIME O HOUR AJ 21b. PLACE	R AS A CONSEQUE ONTRIBUTING TO TION FOR WHICH FINJURY M. MONTH D M. OF INJURY	DEATH BUT H OPERATION	NOT RELATED WAS PERFO	OTO THE TERMI	NAL DISEASE OR 20a AUTOPSY: YES NO ED (ENTER NATURE O	20b	, IF YES, Y CER#IEYI YES	WERE FINDI	NGS USED S OF DEATH: NO
	gove rise to imicause (a), statir underlying cause PART 2 OTHER SIGN 19a DATE OF OPERA 21a, ACCIDENT WAS UNIT OR CONTRIBUTING 1 (IF EITHER, NOTIFY MEDI	mediate and the second	DUE TO, OI (c) 19b. CONDI 19b. TIME O HOUR AJ 21b. PLACE	R AS A CONSEQUENCE OF INJURY M. MONTH D	DEATH BUT H OPERATION	NOT RELATED N WAS PERFO	OTO THE TERMI	NAL DISEASE OR 20a AUTOPSY' YES NO ED (ENTER NATURE O	20b IN FINJURY IN 1	, IF YES, Y CER#IEYI YES	WERE FINDI	NGS USED S OF DEATH
	gove rise to imicause (a), stafir underlying cause PART 2 OTHER SIGN 19a DATE OF OPERA 21a, ACCIDENT WAS UNIOR CONTRIBUTING (IF EITHER NOTHY MED) 21d. INJURY OCCUR! AL WO 22a. I certify that (I)	mediate ng the lost. NIFICANT CO TION DERLYING CAUSE OF DEAT CAL EXAMINER) RED (this hospite	DUE TO, OI (c) ONDITIONS CO 19b. CONDI 21b. TIME O HOUR A./ P./ 21e. PLACE ((AT HOME STR	R AS A CONSEQUE TO THE PROPERTY OF THE PROPERT	DEATH BUT H OPERATION DAY YEAR 19	NOT RELATED WAS PERFO	OTO THE TERMI	NAL DISEASE OR 20a AUTOPSY' YES NO ED (ENTER NATURE O	20b IN FINJURY IN 1	, IF YES, Y CER#IEYI YES	WERE FINDI	NGS USED S OF DEATH: NO
	gove rise to imicause (a), stafir underlying cause PART 2 OTHER SIGN 19a DATE OF OPERA 21a, ACCIDENT WAS UNIOR CONTRIBUTING (IF EITHER NOTHY MED) 21d. INJURY OCCUR! AL WO 22a. I certify that (I)	mediate ng the lost. NIFICANT CO TION DERLYING CAUSE OF DEAT CAL EXAMINER) RED (this hospite	DUE TO, OI (c) ONDITIONS CO 19b. CONDI 21b. TIME O HOUR A./ P./ 21e. PLACE ((AT HOME STR	R AS A CONSEQUE TO THE PROPERTY OF THE PROPERT	DEATH BUT H OPERATION DAY YEAR 19 FARM. ETC.)	NOT RELATED N WAS PERFO 21c. HOW IN 211 LOCATI STREE	D TO THE TERMI	20a AUTOPSY' YES NO ED (ENTER NATURE C	206 IN FINJURY IN I	YES, YES, YES	WERE FINDI	NGS USED S OF DEATH: NO STAT
	gove rise to imicause and income	mediate ng the lost. NIFICANT CO TION DERLYING CAUSE OF DEAT CAL EXAMINER) RED (this hospite	DUE TO, OI (c) ONDITIONS CO 19b. CONDI 21b. TIME O HOUR A./ P./ 21e. PLACE ((AT HOME STR	R AS A CONSEQUE TO THE PROPERTY OF THE PROPERT	DEATH BUT H OPERATION DAY YEAR 19 FARM, ETC.)	NOT RELATED N WAS PERFO 21c. HOW IN 211 LOCATI STREE	D TO THE TERMI	NAL DISEASE OR 20a AUTOPSY YES NO ED (ENTER NATURE C	206 IN FINJURY IN I	YES, YES, YES	WERE FINDI	NGS USED S OF DEATH: NO STAT
	gove rise to imicause al, statir underlying cause PART 2 OTHER SIGN 19a DATE OF OPERA 21a. ACCIDENT WAS UNIOR CONTRIBUTING 10 (IF EITHER NOT BY MED) 21d. INJURY OCCUR. 22a. I certify that (I) saw the decease above, (I) (we) (E) (I) (we) (E)	mediate ng the lost. NIFICANT CO TION DERLYING CAUSE OF DEAT CAL EXAMINER) RED (this hospite	DUE TO, OI (c) ONDITIONS CO 19b. CONDI 21b. TIME O HOUR A./ P./ 21e. PLACE ((AT HOME STR	R AS A CONSEQUE TO THE PROPERTY OF THE PROPERT	DEATH BUT H OPERATION DAY YEAR 19 FARM, ETC.)	NOT RELATED N WAS PERFO 21c HOW IN 21l LOCATI SIREE d that in (my) DEGREE	ON 19 (aur) apinian d	NAL DISEASE OR 20a AUTOPSY YES NO ED (ENTER NATURE C	20b IN FINJURY IN 1 OR TOWN OR TOWN STAFF	, IF YES, CERTHEYI YES	WERE FINDING CAUSES TO COUNTY COUNTY The part 2) COUNTY	NGS USED S OF DEATH: NO stat that (I) (we causes state
	gove rise to imicause al, statir underlying cause PART 2 OTHER SIGN 19a DATE OF OPERA 21a. ACCIDENT WAS UNIOR CONTRIBUTING 10 (IF EITHER NOT BY MED) 21d. INJURY OCCUR. 22a. I certify that (I) saw the decease above, (I) (we) (E) (I) (we) (E)	mediate ng the lost. NIFICANT CO TION DERLYING CAUSE OF DEAT CALEXAMINER) RED (this hospital ed alive an add) (did not	DUE TO, OI (c) ONDITIONS CO 19b. CONDI 21b. TIME O HOUR A.I P.I 21e. PLACE ((AT HOME STR al) attended the	R AS A CONSEQUE TO THE PROPERTY OF THE PROPERT	DEATH BUT H OPERATION DAY YEAR 19 FARM, ETC.)	NOT RELATED N WAS PERFO 21c HOW IN 21l LOCATI SIREE d that in (my) DEGREE	ORMED NJURY OCCURR ON 1 19 19 10 ATTENDING PHYSICIAN	NAL DISEASE OR 20a AUTOPSY YES NO ED (ENTER NATURE C	20b IN FINJURY IN 1 OR TOWN OR TOWN STAFF	, IF YES, CERTHEYI YES	WERE FINDING CAUSES TO COUNTY COUNTY The part 2) COUNTY	NGS USED S OF DEATH: NO STAT
MEDICAL CERTIFICATION	gove rise to imicause in statir underlying cause PART 2 OTHER SIGN 19a DATE OF OPERA 21a. ACCIDENT WAS UNION OR CONTRIBUTING [1] (IF ETHER NOTHY MEDI 21d. INJURY OCCUR A NOTHY A WO 22a. I certify that (I) saw the decease above, (I) (we) (c) 22b. SIGNATURE	MIFICANT CO	DUE TO, OI (c) ONDITIONS CO 19b. CONDI 21b. TIME O HOUR A.M P.M 21e. PLACE ((AT HOME STR ol) attended the	R AS A CONSEQUE TO THE PROPERTY OF THE PROPERT	DEATH BUT H OPERATION DAY YEAR 19 FARM, ETC.)	21c. HOW IN 21c. HOW IN 21l LOCATI STREE 22le. ADDRES	ON 19 (aur) apinian d	NAL DISEASE OR 20a AUTOPSY YES NO ED (ENTER NATURE C	OR TOWN STAFF HYSICIAN	LE YES, I CERTIEVE YES TEM 18 PAR 19 nd haur c	county county 22c. DATE	NGS USED S OF DEATH: NO that (I) (we causes state SIGNED
WEDICAL MEDICAL	gove rise to imicause (a), stafir underlying cause (a), stafir underlying cause (a), stafir underlying cause (b), stafir underlying cause (b), and cause (b), and cause (b), and cause (cause), and cause (MIFICANT CO	DUE TO, OI (c) DUE TO, OI (c) 19b. CONDI 19b. CONDI 21b. TIME O HOUR A./ HOUR A./ 21e. PLACE (AT HOME STR OI) attended the pure of the body PRINT) 23b. DATE	R AS A CONSEQUE ON TRIBUTING TO TION FOR WHICH WAS MONTH DO M. MONTH DEFINITION OF FICE, PACTORY, OFFICE, a deceased from 19 after death.	DEATH BUT H OPERATION PAY YEAR 19 FARM. ETC.)	21c. HOW IN 21c. HOW IN 21l LOCATI STREE 22e. ADDRES 3503 EMETERY OR	ON 19 OCCURR ON 1 ON 19 OCCURR ON 1 ON 1 OCCURR ON 1 O	NAL DISEASE OR 20a AUTOPSY YES NO ED (ENTER NATURE C CITY AMEDICAL DIRECTOR PI Treet	20b IN 20	, IF YES, CERTHEYI YES TEM 18 PAR	WERE FINDING CAUSES TI LORPART 2) COUNTY 22t. DATE Dec.	NGS USED S OF DEATH: NO that (I) (we causes state SIGNED
MEDICAL MEDICAL	gove rise to imicause a), stafir underlying cause PART 2 OTHER SIGN 19a DATE OF OPERA 21a. ACCIDENT WAS UNION CONTRIBUTING 11d. INJURY OCCUR. 11d. INJURY OCCUR. 11d. INJURY OCCUR. 22b. SIGNATURE 22d PHYSICIAN'S N. Suresh	MIFICANT CO	DUE TO, OI (c) 19b. CONDI 19b. CONDI 21b. TIME O HOUR A.I. 21e. PLACE (AI HOME STR al) attended the	R AS A CONSEQUE ON TRIBUTING TO TION FOR WHICH WAS MONTH DO M. MONTH DEFINITION OF FICE, PACTORY, OFFICE, a deceased from 19 after death.	DEATH BUT H OPERATION PAY YEAR 19 FARM. ETC.)	21c. HOW IN 211 LOCATI STREE	ON 19 OCCURR ON 1 ON 19 OCCURR ON 1 ON 1 OCCURR ON 1 O	20a AUTOPSY' YES NO ED (ENTER NATURE C CITY 1 to 1 MEDICAL DIRECTOR PI	ORTOWN ORTOWN STAFF HYSICIAN	, IF YES, CERTHEYI YES TEM 18 PAR	COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY	NGS USED S OF DEATH: NO that (I) (we causes state SIGNED

20000

Telem "ildend Tellide December 17, 1995
hite

The second secon

Cheverly In. Con. Company Monaited

oringo Coornet a tourie

*

x nee, 17, 1995
"For roomy Street - Mt. Cainior, Maryland

P. Cascida Hone F.H. P.A. Eveltaville, Saryland

Halita and Authorities and All

. a seroel santru Michigan _ VEA .t'voo .c .U .cov't. Andrews Ald Malcollegrow Mospital in Charles Laldons : 3012 Hidkory Valley En. Dorance Frank Hubble Harrian Line Line Line Yes Norean 383-30-7971 Markene J. Dubble same as 15 Tenevel todayer Toretal Nome, Idohanan, Michigan.

Black Tureral Hors, Walders, MI

ad a

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.

STATE OF MARYLAND

1-	FOR STATE			DEPART		EALTH AND MENTAL H ICATE OF DEATH	IYGIEN	IEO 2					
1 DEC	REGISTRAR CEASED NAME	FIRST	. Av	NDDLE		AST	20	REG. N		DAY YEAR	2b HOUR		
	OR PRINT)									1005			
3. SEX		oseph	RACE	lter	5 DATE O	/nson		AGE (IN YEARS LAST BI	27,	1985	7:35AMM		
	ale			SHEW.	MONTH	DAY YEAR				MONTHS DAYS	HOURS MIN.		
-	RTHPLACE (STATE OR		Caucas	Lan		ember 30, 19	91 <u>3</u>	72 BALTIMORE CITY (YRS COUNT	Y OF DEATH			
	COUNTRY	100		WIIAI COOMIKI	MARRIE		_						
	irginia		USA WIDO					Prince Ge			MD F BUSINESS OR		
			(IF NOT IN SUCH FACILITY, GIVE STREET ADD				(1	TYPE OF WORK FOR MOST	OF WORKING	IFE) INDUSTRY			
	Linton AL RESIDENCE (IF NUR			n Mary La	end Hos	spital Cente		Architect					
13a. S	STATE	136 COUNTY	UNTY 13c CITY OR TOWN			134 INSIDE CITY LIMITS		CapitolRESS					
_		tince Ge	George's Fort Washir			IS MOTHER'S MAIDEN		3908 Oakla	awn Ro	oad (207	(44)		
	ATHER'S NAME FIRST		MIDDLE (AST			FIRST		WIDDLE		LAS	t		
	nest Hynso					Florence	e	100	77 7	7 . 7 .			
	WAS DECEASED EVER	(IF YES GIVE W		16b SOCIAL SEC		17 INFORMANT				dwood Dr			
No		N/A		577-05-	6396	Walter L.	Hyn:	son - Brai	ndywu				
	18 CAUSE OF DEAT			line for ioi, (b), o						BETWEEN	ONSET AND DEATH		
	PARTI DEATT	IMMEDIATE C		Luni	(tuer		144 44		/ Ye	n		
			DUE TO, OF	AS A CONSEC	JENCE OF								
13	Conditions, if ony		(b)										
	gove rise to im couse (a), stati	ng the	DUE TO, OF	AS A CONSEQU	JENCE OF								
-	underlying couse	e lost	(c)		250								
-	PART 2 OTHER SIG	NIFICANT COM	NDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	ERMIN	AL DISEASE OR COM	NDITION G	IVEN IN PART 1	0		
CERTIFICATION													
₹ J	190 DATE OF OPERA	TION	196 CONDI	TION FOR WHIC	H OPERATIO	WAS PERFORMED		20a AUTOPSY?		ES, WERE FINDING CAUSES			
TIE .								YES NO		ES 🗌	NO 🗌		
	210. ACCIDENT WAS UN	- Land	216 TIME O	FINJURY M. MONTH [DAY YEAR	21c. HOW INJURY OCC	URRED	(ENTER NATURE OF INJ	JRY IN ITEM 18	PART I OR PART 21			
MEDICAL	(IF EITHER NOTIFY MED		P /	И.	19					100			
ED	21d INJURY OCCUR		21e PLACE C		FARM ETC)	211 LOCATION STREET		CITY OR TO	NWC	COUNTY	STATE		
2	AT WORK AT WO	MILE C	(AT HOME STREET, FACTORY, OFFICE FARM, ETC.) STREET CITY OR TOWN										
1						UART 19.0)	., to/	27	19_17	that (II (we) lost		
	sow the deceos obove, (1) (we) (iew the body	0) on	d that in (my) (our) apini	ion deo	th occurred on the c	dote and ha	out and from the	couses stated				
	obove, (I) (we) (did) (did not) view the body offer death 22b SIGNATURE					EGREE	11/		327	22c DATE	SIGNED		
	House Colo In				In	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 12/27/85							
	224 PHYSICIAN'S	AME TYPE OF PE				22e ADDRESS 8926 Woodyard Road, Suite 201					201		
	Harvey Ka	Katzen, M. D. Clinton, Mary					ryland 2	0735					

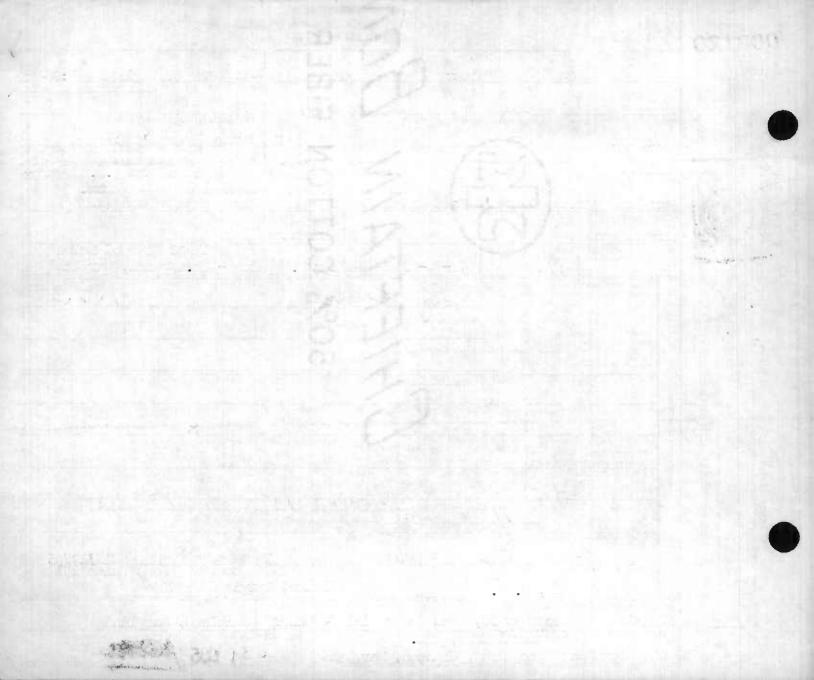
BP.

230 BURIAL, CREMATION, REMOVAL Burial Dece 23b. DATE December 30, 1985 Cedar Hill Cemetery

23¢ NAME OF CEMETERY OR CREMATORY

23d LOCATION
CITY OF TOWN
Suitland, Maryland

24 FUNERAL DIRECTOR Lee Funeral Home, Inc. (VRA 15, 4) 6638 Old Alexander Ferry Road, Clinton, Maryland



		1	FOR			STA		ARYLAND	HYGIENE	7 5	3	1
364	1003	1-	STATE REGISTRAR			ICAL EXAMI		ERTIFICATE	DEDEATH	DC 710	. •	
			CEASED NAME	FIRST		WIDDLE	·	LAST	20 DATE KNO	REG. NO.	DAY YEAR	2b. HOUR
^	Maringe	(TYI	E OR PRINT)	orothe	1		ack	5011	OF ES	STI-	9 1985	A.
y	ACE OF	3 SE		E 5.0	ATE OF BIRTH	YEAR LAST BIRTH	YEARS IF UN	IDER 1 YR. IF UNDER		MONTH	DAY YEAR	2d HOUR
er .	925 S	た	male D		3 - 11-	19 66	YRS.	AS DAYS HOURS	MIN PRONOUNCED	12-9	- 1985	133 M
	AND		RTHPLACE (STATE OR	76	CITIZEN OF WH	AT COUNTRY?	8. MARRI	ED NEVER MARK	RIED . P BALTIMORI	CITY OR COUNT	Y OF DEATH	1
	A558 34	1	Wash. DC		US		WIDOW		,	1 (14 19	fo -	MD
	が発展を	-	TY OR TOWN OF DE	1		ITAL, NURSING HOA		ER INSTITUTION	120 USUAL OCCUPATI FOR MOST OF WORKING	ON (TYPE OF WORK]	OR INDUSTR	SINESS
	当000円		AL RESIDENCE (FINN		GILON GIVE	A CZ / DU L	LO MOIS	- 1910	Retired		Fed. Gov	zt.
130	S S S S S S S S S S S S S S S S S S S	Tida, S	TATE	136 COUNTY		13c. CITY OR TOWN		13d INSIDE CITY LIMITS?			207	47
9	T X X X Y	_	ATHER'S NAME	P.G.	7	Forestvill	.e	YES NO L	TO VOUL	y Rd. #10)3	
. S	1 8 8 8 8 1 C	G	eorge		DDLE	Smi th		Dorothy	MIDDLE		Hattor	
WO	NO SAGE	160 \	VAS DECEASED EVER		FORCES?	166 SOCIAL SECURI	ITY NO.	17. INFORMANT	A	DDRESS	_ nat tor	1
ALT	ASSE ASSE ASSES		No	(IF TES, GIVE WAR	JR DAILS)	579-12-37	706	Joseph W.	Jackson 191	O County	Rd. #	103
Tares	N N N N N N N N N N N N N N N N N N N		18 CAUSE OF DEA	TH (Enter only one VAS CAUSED BY:	e couse per liny						APPROXIMATE BETWEEN ONSET	EINTERVAL
10	A SERVICE SERV	-	TANTIDEATITY	IMMEDIATE CA				o Candro	vosculora	uread.		
(5	SE TEN		Conditions, if	ony, which	DUE TO, OR A	AS A CONSEQUENCE	: OF					
1	A HE WILL OF THE PERSON OF THE		gave rise to cause (a) stating	immediate	(b)	S A CONSEQUENCE	S OF					
201	UTED IN PER	4	lying cause lost		(2)	O A CONSEGUENCE	· Or					
ZDS,	WID BE EXECUTED "PENDING" IN PRESIDENCAL EXAMEDICAL EXPENDING "IN "PENDING "IN "P		PART 2 OTHER SIGNIFICAL	NT CONDITIONS CONTR	IBUTING TO DEATH BI	JT NOT RELATED TO THE TER	RMINAL DISEASE	OR CONDITION GIVEN IN P.	ART 1 (o).			
RECORDS	MEDICAN AS A CREW	NO O	BERLINE.									
	NO "PER MILEF MILEF MILEF MILEF MILEF A OF HEA	CA	190. DATE OF OPER	ATION	196. CONDITI	ON FOR WHICH OPE	RATION W	AS PERFORMED?	STATE OF SE		20 AUTOPSY?	,
VITAL	THIS CERTIFICATE SHOUL WARDED TO THE CHIEF AGE 3 SHOULD BE USEE TATE DEPARTMENT OF H 21201 PRIOR TO BURIAL	CERTIFICATION	21e. EXTERNAL CAU	CE WAS	21b. TIME OF		- 11				YES 🗌	NO P
0	SHESH S	I CE	UNDERLYING CONTRIBUTING			MONTH DAY YEA	AR ZIC HC	OW INJURY OCCURRI	ED (ENTER NATURE OF INJURY I	N ITEM 18 PART 1 OR PART	2)	
DIVISION	ERTIFI ING T ING T S SHO EPAR PRIOF	MEDICAL	214 INJURY OCCUR			FINJURY (ATHOME:	21f. LOC	CATION				
DIV	WARDEI WARDEI WAGE 3 TATE DE 21201 P	ME	WHILE NOT AT WORK	WHILE -		DRY, FARM, ETC.)		TREET	CITY OR TOWN	COUP	1TY	STATE
	W &	30				3-1-1-1-11			7			
	EXAMINER: CRITICATE ID BE FOR DRECTOR: WITH THE S		death resulted from			ribed obove, held on Accident	Autops	y L, Inspection, Homicide	Undetermined manner	, and in my opin	nion	
	ARY WITH		_/)	in	2.	orcide	TITLE (SPECIFY)	understances audone			
•	NEWAL SOEATH, NORE, N		SIGNATURE	eignsti	1.10	digues	_ M	Deputy	MEDICAL EXAMINE	R DATE	12-10	0-85
	DE 4 EUS	10	EXAMINER'S NAME		/	(10		A STATE OF THE PARTY OF THE				
	PAGE PAGE PALTER	13- 6	(TYPE OR PRINT)	Augusto	P. Rod	riguez, M.	and the second second			Temple H	ills. M	d
02.0			Burial CREMATION,		2/13/85	23c NAME OF CE		Section of the sectio	THE LOCATION	count		Aft
07/84 25M	BP	24. F	JNERAL DIRECTOR			Cedar Hi		750. DATE	REC'D. BY REGISTRAR 2	P.G.	GNATURE	
	(VR A1S ME (5))	Rol	ert G. Ma	son F.H.	. 1664 G	lood Hope	Rd., 5	5.E.	1.6	Varidon Por	ndelle :	
								DE GIZ	5 1350	Telep Telephone		

During State Contain Lill support Salabana Color State Salabana Colores C. Junea . I. Sept Cond Early Rd., D. Z. C. . L. Cond . D. Cond . D. Stephol

110	1 -	STATE REGISTRAR	DEPARTM	CERTIFICATE OF DEATH	IENE 👸 😊	3 3 1	0 0
6		CEASED NAME FIRST BHUR	IBAI	JAIN	20 DATE OF DEATH	12 15 85	11 59A
	3 SEX		4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BI	RTHDAY) IF UNDER 1 YEA	AR IF UNDER 24 HRS. S. HOURS MIN.
1		Temale	Indonesian	8 15 15	70	YRS	
M		RTHPLACE (STATE OR FOREIGN OUNTRY) India	76 CITIZEN OF WHAT COUNTRY? USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	PRINCE GEO	DRGE 'S	MD.
74		TY OR TOWN OF DEATH HEVERLY	PGG HOSPITAL NURSING	G HOME OR OTHER INSTITUTION DREMEDICAL CTR(DOA)	12a, USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Homemake	OF WORKING LIFE) INDUSTR	Home
酱	USU/ 13a S	RESIDENCE (IF NURSING HOME OR TATE 136 COUN P.	ITY I ISE CITY OR TOWN		3417 Inv	/ ZIP CODE erwood Ln	. 20716
10				rchand Kesarb	ai MIDDLE		Chopra
medico /		/AS DECEASED EVER IN U.S. ARI ES, NO OR UNKNOWN) (IF YES GIVI	E WAR OR DATEST	3478 Kanti Jain	same as		
jury, or other troumotic	No	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUE		NAL DISEASE OR CON	IDITION GIVEN IN PART	lro
in Kuo Sma	CERTIFICATION	190. DATE OF OPERATION	19% CONDITION FOR WHICH (OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINE IN CERTIFYING CAUSE YES	
dem 18 sho		210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DA	Y YEAR			
rkedor	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	?10. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE FA	RM, ETC)	CITY OR IC	VINDO) NWC	STATE
n 21 is mo		sow the deceased olive on, obove, (1) (we) (did) (did not	ol) ottended the deceosed from	ond that in (my) (our) opinion d	eoth occurred on the d	ote one hour and from the	that (I) (we) lost the couses stated
NT: #		226. SIGNATURE	1100		MEDICAL STA		TE SIGNED
IMPORTAL		K. J. PI	ATEL M.D	5632, Anr	apolis 1	Ra #9 /3) 207/0
5		URIAL, CREMATION, REMOVAL Cremation	12/16/85 BAG	AME OF CEMETERY OF CREMATOR'S C	23d LOCATION CITY OF TOWN	L P.G.	STATE
M 7/84 4)		NERAL DIRECTOR NAME ECK F. H. In	2. LAUREC	Dy Spring Rar. 250. DATE		The State of the S	WATER .

STATE OF MARYLAND

h --

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIÈNE ... - STATE 013047 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN OF ESTI-DEATH MATED 12-30 Cleveland Jarvis AGE IN YEARS IF UNDER TYR. IF UNDER 24 HRS DATE PRONOUNCED 12-11-12 DEAD 70 BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED North Carolina U.S.A. Prince George's 10. CITY OR TOWN OF DEATH 126. USUAL OCCUPATION TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Clinton Taxie Driver Pvt. USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONE 1136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Prince George's Maryland 12406 Kayak Drive NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIGOLE Lilla Cleveland Prather Jarvis 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166. SOCIAL SECURITY NO ADDRESS 2406 Kayak Dr. (YES, NO, OR UNKNOWN) Yes 226-10-9215 Rebecca Blankenship Upper Marlboro Md. Army 18. CAUSE OF DEATH (Enter only one cause per life far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Teno relevotre andervariella dise IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE O Conditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M TIE PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 21f LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK CITY OF TOWN COUNTY STATE 22a I certify that I took charge of the remains described above, held an Inspection and in my opinion death resulted fram: Accident Hamicide Undetermined manner TITLE (SPECIFY) DATE 12-30-85 Deputy Rodriguez, EXAMINER'S NAME AUGUSTO P 5009 Rayburn Ct., Temple Hills, Md 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE January 2, \$6 Arlington Natl. Cem. Burial Arlington 07/84 BP Arlington 25M 24 FUNERAL DIRECTOR Lee Funeral Home, Inc. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE (VR A15 ME (5)6633 Old Alexander Ferry Road Clinton, Md. 20735 - www. will reson fands on

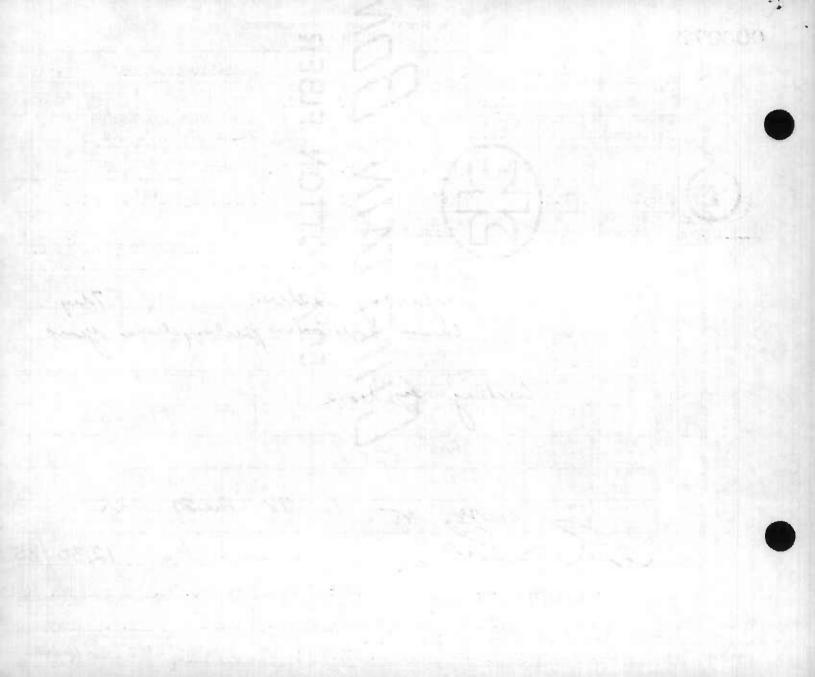
Clerentes 1 . I don'the 123 NE - EX which was a state of the Track my Harrison the grain **では、日本のながら、外は、よールルをはな**り

and the second of the second o

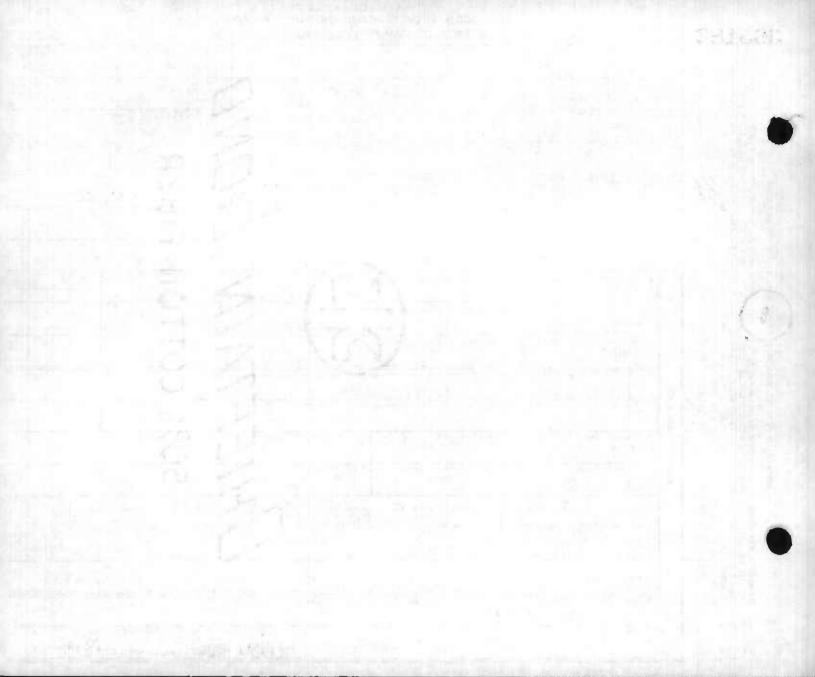
STATE OF MARYLAND

5

003077	1-	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HY	REG. NO.			
- 1			FIRST	,	MIDDLE	1	AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
1 71 0	51175	Mac Mac	deline	e M	ary	Jen	ness	December 2	9, 1985	Tage !	1:35A M
6 84	1.5E		4.1	RACE		5. DATE C		6 AGE (IN YEARS LAST BIR		INDER I YEAR	IF UNDER 24 HRS
1/ 100	7	Female		White	e	02°NIH	05^~ 1906	79	YRS		HOURS MIN.
2 80 P	Fa El	RTHPLACE (STATE OF FOR	EIGN 7b	CITIZEN OF	WHAT COUNTRY	? 8	NEVER MARRIED	9 BALTIMORE CITY O			
4 00 10		ssachusetts		U.S.		WIDOWE	DIX DIVORCED	Prince Geo	-		MD.
1343	100	ty or town of death n ham		NAME OF I	HOSPITAL, NURS FACILITY GIVE STREE S HOSPI	tal of	Pr. Geo. Co.	126 USUAL OCCUPATE LITTE OF WORK FOR MOSTO Housewife		Own H	ome
	Ma Ma	AL RESIDENCE (IF NURSING TATE 13	HOME OR OTH COUNTY		13c CITY OR TO Hyattsv		136 INSIDE CITY LIMITS?	5673 Sarge	zip code nt Road	207	83
	4. FA	Addison	MIDI	DLE	Tirre	11	15 MOTHER'S MAIDEN N. Jennie	AME		Dail	ey
Poplar Poplar	No	VAS DECEASED EVER IN	U.S. ARME IF YES, GIVE W		166 SOCIAL SEC		Robert A. J	12601 South enness (Son)	•		
gned by the ottending physical process remove cortest popularial, cremotion, or remorary, or other troumotic events.		Conditions, if any, was gove rise to immed couse ion, stating underlying couse	which diote the lost	DUE TO, OI (c)	R AS A CONSEO	UENCE OF	y facility for the terminal te	pulson.	DITION GIVEN	700 yu	wy nis
r to k	ON		(ush	19 6	und	Lone				
he low on. The permit ene prio	CERTIFICATION	190 DATE OF OPERATIO	N	196 COND	OR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	206. IF YES, W IN CERTIFYIN YES	IG CAUSES	GS USED OF DEATH? NO
CIAN: T 3 physici ertificate ol-transi ntol Hygi em 18 sh	_	210. ACCIDENT WAS UNDERSON CONTRIBUTING CAU	SE OF DEATH	216. TIME O HOUR A.	M. MONTH	DAY YEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART 2)	
G PHYS	MEDICAL	21d INJURY OCCURRED		21e PLACE		FARM ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
TENDIN outol or of TOR. Aft or use or of Health		22a I certify that (1) (the saw the deceased obove, (1) (worldid				66.	d that in (my) (our) opinion	deoth occurred on the de			that (I) (we) lost
PITAL OR AT by the hosp JERAL DIREC- be defoched for State Dept of ANT: If them ?		71d PHYSICIAN'S NAM	10	Lu	differ doath.		ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAI		121. DATE !	30 /85
retoined I	333							r-13 A	D		2/1 0071
Sho of	23n F	Leon R. Le		236. DATE		NAME OF C	3408 Rhode	Island Ave.	Mt. Kai	nier.	Md. 2071
BP	130 (SPECIFY) Burial	MOVAL	12/31			ction Cemete	CITY OR TOWN		G. I	STATE Marry Land
	7 F- F-1	ancis Re Gasch	's Soi					TE REC'D. BY REGISTRAR			Maryland URE
DHMH - 16 60M 7/84 (VRA 15, 4)		39 Baltimor						EC 3 1 1985	wha Da	widson-	Randelle.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 365182 REGISTRAR 20 DATE KNOWN 1. DECEASED NAME MONTH DAY (TYPE OR PRINT) OF ESTI-AY IS NECESSARY, PLEASE OTHE FUNERAL DIRECTOR. PAGE 5 FOR YOUR FILES. EFILED, WITHIN 72 HOURS ACOUNT, PRESTON STREET, DEATH MATED Jewe1 6 AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 70 YRS Male White 11 20 15 DEAD 12/18/1985 TO BIRTHPLACE (STATE OR Th. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Pennsylvania U.S.A. WIDOWED DIVORCED Prince George's County, 18. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE) OR INDUSTRY Greater Laurel/Beltsville Hospital Engineer Boiler Laurel ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 30 STATE 136. COUNTY 13c. CITY OR TOWN Md. Pr. Geo. Beltsville 11248 Evans Trail 20705 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME AGES 1, RM PM LAND 2 OF VITA LAST MIDDLE 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMAN **ADDRESS** (YES, NO, OR UNKNOWN) LIF YES GIVE WAR OR DATES! Yes WWII 219-42-2785 Mrs. Lois Jewell - Same as #13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY Upper Airway Bleed IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which Thoracic Mass gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION Arteriosclerotic Cardiovascular Disease 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NOX 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR LINDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY LATHOME 211 LOCATION STREET, FACTORY, FARM, ETC.1 CITY OR TOWN COUNTY STATE WHILE AT WORK THE EXECUTE THE CERTHICATE
PAGE 4 SHOULD BE FORM
TO FUNERAL DIRECTOR PAFFEE DEATH
AFFEE DEATH
BATWOORE, ARWINAND Inspection X 220 I certify that I taak charge of the remains described above, held an Autapsy Inquiry and in my apinian Natural causes X Undetermined manner Accident Hamicide TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 12/19/85 SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS 111 Penn St. 230 BURIAL, CREMATION, REMOVAL 236. DATE 12/18/85. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY Removal 07/84 BP 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 17 Anatomy Board ADDRESS Balto., Md. (VR A15 ME (5))



358027

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	FOR STATE REGISTRAR		DEPART		FICATE OF DEATH	REG. NO). 0.		र्व संस्थ
	CEASED NAME FIRST	N III	MIDDLE		LAST	20 DATE OF DEATH	MONTH D	DAY YEAR	2b. HOUR
[TYPE	OR PRINT) JUDGE			JOHNS	ON, JR.		12/1	7/85	1 p. "
3. SE	(4 RACE		5. DATE O		6. AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	Male	Black			ber 10 1899	86	YRS.	AONIHS DAYS	HOURS MIN.
	RTHPLACE (STATE OR FOREIGN ALabama	76. CITIZEN OF	• A •	MARRIE WIDOW	D NEVER MARRIED D	9 BALTIMORE CITY OF PRINCE GEO	-		Z MD.
	TY OR TOWN OF DEATH	SOUTHEE		NG HOME C	OR OTHER INSTITUTION SPITAL CENTER	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Retire)	ON WORKING LIFE	12b. KIND O INDUSTRY	F BUSINESS OR
130. 5	AL RESIDENCE (IF NURSING HOME COL STATE 13b. COL ryland P.G.	INTY	136. CITY OR TOY Bladens	VN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / 5213 Newt	zip code on Sti	reet	710
14. FA	Judge Johnson	n Sr.	LAST		IS MOTHER'S MAIDEN NAM	n Maize MIDDLE		(AS	1
	VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES?	416-38-		Margaret (Collins Dau		Same a	s E
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one cause per ED BY: ATE CAUSE (a)	Backe	nd (c).)	CP. minous	lelis)		BETWEEN	MATE INTERVAL ONSET AND DEATH
z	gove rise to immediate couse (a), stating the underlying cause last. PART 2. OTHER SIGN (FICANT	(c)_	R AS A CONSEQUE	y Tro	Topack	linal DISEASE OR CONF		EN IN PART 110	21
CERTIFICATION	190 DATE OF OPERATION	196 COND	Mad mit	H OPERATIO	IN WAS PERFORMED	200 AUTOPSY? XX	20b. IF YES	, WERE FINDIN YING CAUSES	
MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DUTY ETHER, NOTIFY MEDICAL EXAMINATION OF COURRED	EATH HOUR A. ER) P. 21e. PLACE	OF INJURY .M. MONTH D .M. OF INJURY REET, FACTORY, OFFICE.	19	21c. HOW INJURY OCCURR 21L LOCATION STREET	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PA		STATE
2	WHILE NOT WHILE 1 AT WORK AT WORK 22a.1 certify that (1) (this has				. 19	to		10	that (I) (we) last
	saw the deceased alive a	n	19_		nd that in (my) (our) apinion o			and from the	couses stated
	22b. SIGNATUR	ayent				MEDICAL STAF	F IAN []	22c. DATE	Mor 85
	O. HAYE, M.D.	OR GEHALL)		9/31 Piccasas	ong Rol (Vecto	_ lu	120735.
23a. I	BURIAL, CREMATION, REMOVA (SPECIFY) Burial	23b DATE 20Dec	.85	NAME OF C	emetery or crematory incoln Cemetet	y 3d. LOCATION CITY OF TOWN Brentw	ood M	county aryland	STATE
04 5	INTERNAL DIRECTOR				Tar Day	DECID BY DECISED AD	or project		

DHMH - 16 50M 4/83 (VRA 15, 4)

74 FUNERAL DIRECTOR
Fraziër's Funeral Home 389 R. Apress Ave. N.W.

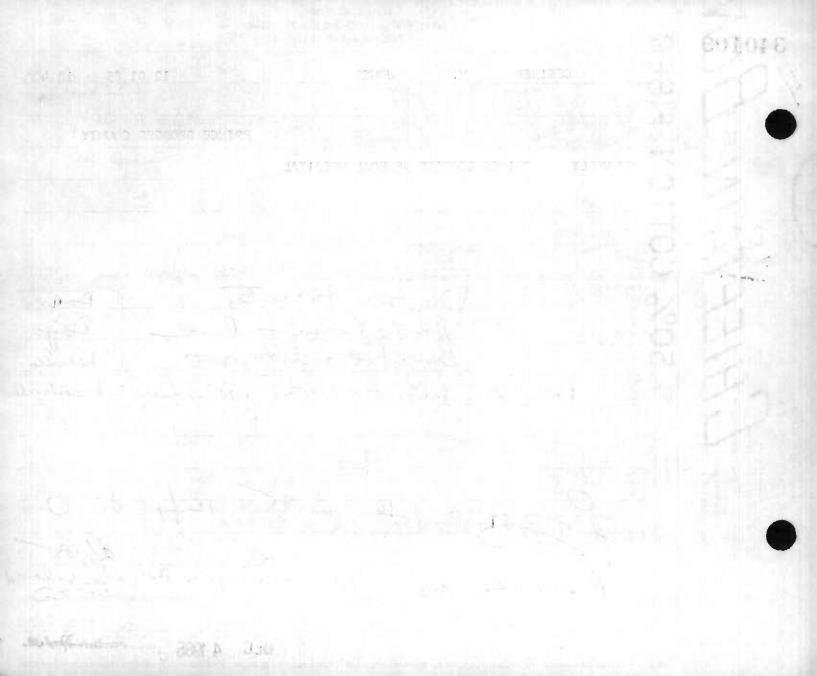
REGISTRAR 256 REGISTRAR SIGNATURE



Home-400

(VRA 15, 4)

Stewart

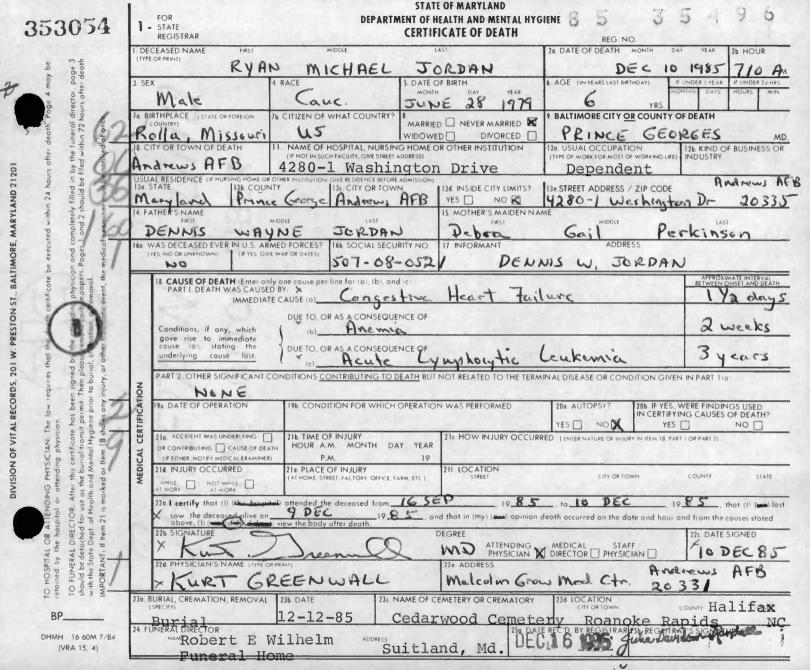


003113		ems. 14, 15FIIn FOR STATE REGISTRAR	nG611 1/22/865 DEPAR	Ab STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE S	D 1 7 4
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 25. HOUR
nay be page 3	(146	HELE HELE	N B	JONES	12	21 85 738
and a	3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	# UNDER 1 YEAR IF UNDER 24 HRS.
rs of	F	'emale	Caucasian	October 22, 191:	3 72 YRS.	MONTHS DATS HOURS MINE
Po di	70. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	Y? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	
nero nero	J. W	est Virginia	USA	WIDOWED DIVORCED	PLINCE GEORG	ES COUNTY MD
1 17 77		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STR	SING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS OR INDUSTRY
2 2	2	CLINTON	SOUTHERN MY	RYLAND HOSPITAL	Manager	Laundry
P P	USU 13a	STATE 136 CO	OR OTHER INSTITUTION, GIVE RESIDENCE BEF		13e STREET ADDRESS / ZIP CO	DE
22			George's Oxon		2170 Alice Ave	
1	1	ATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN N.		LAST
Pa d d / (2)	-	dison Percy	Tribett	Myrtle-J	. Carven Carve	c
Poger medical			GIVE WAR OR DATES)	CURITY NO. 17. INFORMANT Har	ry E. Jones	
0 0 0		No N/	A 577-62	2-0606 Same As #1:	3 A-E	
ficate physicia paper naval.		18 CAUSE OF DEATH (Enter	only one couse per line for (a), (b). SED BY:	od con object for	Luce	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
an pha an pha even			ATE CAUSE (a)	CEDINATURY PO	7 IME	DAY
e death ce attendin nave carb latian, or i traumatic			DUE TO, OR AS A CONSEC	TENCE OF COLUMN	Hent Failupa	WIS
death attend ave co stian, c		Conditions, if any, which gave rise to immediate	(b) (C)	DAMO CONFILIN	Hour Lealmar	119,
4 4 5 5 5		couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEC	DUENCE OF		
- 000 h		underlying couse lost	(c)			
signer Then pl to buri	z	PART 2. OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO	O'DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION G	IVEN IN PART 110
	CERTIFICATION	196 DATE OF OPERATION	00400146	CH OPERATION WAS PERFORME	38n AUTOPSY7 206. IF Y	ES, WERE FINDINGS USED
in. has been permit ine prior	1 2	198 DATE OF OPERATION	198 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	IN CERT	TIFYING CAUSES OF DEATH?
te licio	4 5	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	121/ HOW INTURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM IS	YES NO
HYSICIAN: Triding physicians certificate burial-transi Mental Hygison (Hem 18 shoot feet 18 shoot fe	2	OR CONTRIBUTING CAUSE OF		DAY YEAR	THE TENTER NATURE OF INJURY IN THEM IS	FARES ORFARE 2)
rSICI, ing p certi urial- Aenta	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINATION OF THE PROPERTY OF THE	P.M. 21e PLACE OF INJURY	19 21f LOCATION		
I D E D O	ME	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY STATE
After the os the lith and		The state of the s		TUK- ST	701.21	P
TEND infol o TOR: or use of Heo		sow the deceased alive	on Del De deceased from	02 7	n death occurred on the date and hi	, 19 , that (i) (we) last
F G : 4 0 14		obove, (Interest) (did-	ngt) view the body after death.	DEGREE	Todam occurred on the able and hi	
SPITAL OR AND A SPITAL OR AND A SPITAL OR AND A SPITAL DIRECTOR AND A SPITAL AND A		The story and I have	N	ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
by the		224 PHYSICIAN'S NAME 1111	of man	PHYSICIAN 27e ADDRESS	DIRECTOR PHYSICIAN	1991(1)
O HOSPITAL TO FUNERAL should be dete with the State MAPORTANT:		TON K M	Dina) MM	946) Tan	Jalen Hom F	tunih MI mu
TO HOSP reformed TO FUNE should be with the	-	110000	Fyan IVIS	1/101 -	- Truesting	· NAFALLE GOL
		BURIAL, CREMATION, REMOVA	13-24-85 23	NAME OF CEMETERY OR CREMATORY	A HTY OR TOWN	COUNTY
BP			Thungual House	YCHELIEN CEMERE	FRECO. BY REGISTRAR 256. REGI	STRAP'S CHOMATHRE
DHMH - 16 50M 4/83		NAME NAME	Funeral Home	nc.		Daydon-Gardell
(VRA 15, 4) 66.	31 C	Ta ATEXADaer F	erry Road, Clint	on, Maryland		

STATE OF MARYLAND

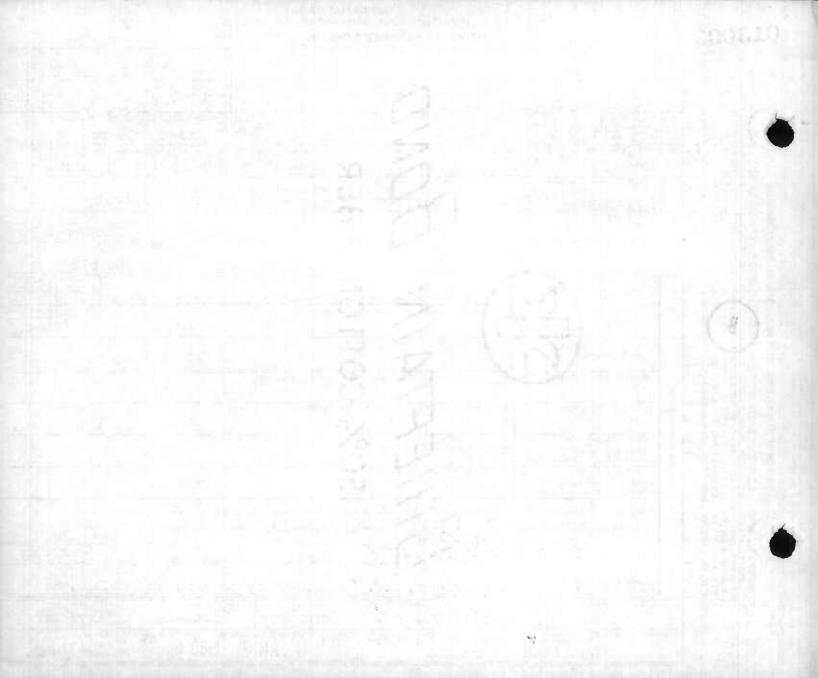
in the series of the series of

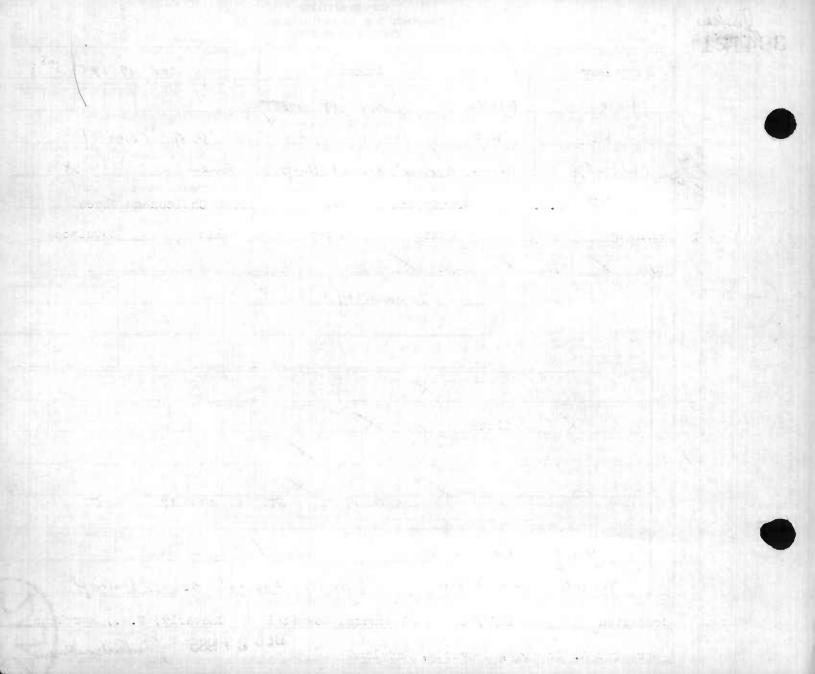
The second state of the second state and the second state and the second state of the



A SAT FARM OF PERSONS AND PROPERTY OF PROPERTY OF THE PROPERTY OF THE PERSON OF THE PE Min is single made and the late Religion of the second Bellevis and the second of the Control MAN WATER REST OF AND AND THE PROPERTY OF THE PROPERTY O DENNIS STRANGE TO A TOTAL CO. 1 PER CONTROL OF 282-08-0521 DEDNA W. SLEDAN 1 the world the second the second AND THE RESERVE OF THE PERSON Electe Company to the Committee of the 12 (8 25 CON) TO THE WAR COM ? The se will make multipline from the second The state of the s

										ARYLAND			away	19		7
0	12000		FOR STATE			D	EPARTA	MENT OF	HEALTH	AND MEN	TAL HY	GIENE 5	5	5	1 7	/
U.	13093		REGISTRAR			MED	ICAL E	XAMIN	ER'S C	ERTIFICA	TE OF	DEATH	REG. NO.			
			CEASED NAME				MIDDLE		477	LAST		2a. DATE		HTMON	DAY YEAR	25 HOUR
	₩ œ œ ⊗ E	[11P	E OK PRINT)	Zol	.a		T		JOS	ST		Or	ESTI- A-	12	2519 85	
	RECEIPTANT OF THE PARTY OF THE	3 SE)	(4. RACE		TE OF BIRTH		& AGE (IN YE	ARS IF UN		UNDER 24			ONTH	DAY YEAR	2d_HOUR
	ST ST				MOM	OA,	YEAR	LAST BIRTHD				PRONOL DEA	INCED	10	05 05	17.28
× 1	YOU YOU		nale	Caucas	ianMa	ITIZEN OF WH	1895		RS.				MORE CITY OR	12	25 19 85	Рм
	SER SER	FO	REIGN COUNTRY)		70. 0	USA	AT COON	KY		ED NEVER						
	IS NECESSARY, PIEASE E FUNERAL DIRECTOR. E 5 FOR YOUR FILES. THILLY 2 STREET, RESTION STREET,	į V	Train-						WIDOW		DIVORCED		rince (MD
	ELAY IS TO THE P PAGE REFILED		TY OR TOWN			AME OF HOSE			, OR OTH	ER INSTITUTIO	N II	POR MOST OF W	UPATION (TYPE OF	WORK I	OR INDUST	RY
	A DE POE	1	hever	_	Pr	ince G	eorge	's Ger	eral	Hospit	al	House	vife		Home	1
5	AND 3 TO RETAIN HOULD BRECOFF	USUA 13a S	AL RESIDENCE	IF IN NURSING HO	OME OR OTHER	RINSTITUTION, GIV	E RESIDENCE I	OR TOWN	ON)	13d INSIDE CITY L		e STREET ADD	nece		206	10
21201	C C C C S AN		Marvla		alver	ct		rsto			NO []	Gene	cal Del	ive		
WD.	= 2,6,0		ATHER'S NAME							15. MOTHER'S	MAIDEN					
	F PAGES 1, F PAGES 1, F PAGES 1, F PAMP 2, F PAMP 3, F P	/	Charl	0.5	MIDD	LE	mali	afer	-0	E11	а		aret	D	ecater	
O	2008	Lás V	VAS DECEASED		ARMED E	ORCES?		IAL SECURIT		17. INFORMAN		11419	ADDRESS	-		
BALTIMORE,	S AFTER GIVE PA GIVE PA PAGES INISION	/ (Y	ES, NO, OR UNKNO	WN) (IF YES.	GIVE WAR OR	DATES)						TL			1172	
N N	PAHE		No				578	24 0	200	Char:	res	JOST	Same	as	#13	
	10 S S S S S S S S S S S S S S S S S S S		PART I DE	ATH WAS CA	USED RY.	cause per line l									APPROXIMAT	T AND DEATH
NO	FORES			IMME	DIATE CAL					erebro-	-card	iovascu	lar dise	ase		
EST	EZO S			.,		DUE TO, OR	AS A CON	SEQUENCE	OF							
2	E 2 2 3 3 4			s, if any, w e to immed		(b)					100		1-1-1			
3	03500		cause (a) lying cau	stating the un	der-	DUE TO, OR	AS A CON	SEQUENCE (OF							
20	SEE SEE		lying cuo	ie iusi.		(c)										
SQI	A A B B B B B B B B B B B B B B B B B B		PART 2 OTHER SIG	NIFICANT CONDIT	IONS CONTRIB	UTING TO DEATH B	UT NOT RELAT	ED TO THE TERM	INAL DISEASE	OR CONDITION GIV	VEN IN PART 1	igi.				
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	WILD BE EXECT "PENDING" EF MEDICAL SED AS BUR HEATH AND	0														
02 02	HOULD BORD "PEN CHIEF ME USED A'S OF HEAL	CERTIFICATION	19a. DATE OF	OPERATION	7.11	195 CONDITI	ON FOR V	HICH OPER	ATION W	AS PERFORME	D?			-	20 AUTOPSY	?
IA		F													YES 🗆	NO [X]
>	HIS CERTIFICATE SHOWITING THE WORE ARRED TO THE CH AGE 3 SHOULD BE U ATE DEPARTMENT OF	ER	21a. EXTERNA	L CAUSE WAS	S	216. TIME OF			21c. HC	W INJURY OC	CURRED	ENTER NATURE OF	NJURY IN ITEM 18 PART	1 OR PART		140 03
2	SHOOK S	ALC	UNDERLYING CONTRIBUTION	OR	OF DEATH	HOUR A.M.	HTMOM									
Sio	SE S	MEDICAL	214 INJURY O		OF DEATH	P.M. 21e PLACE O	FINJURY	19 LAT HOME.	21f LOC	ATION	-					
N N	S CE	ME	WHILE AT WORK			STREET, FACTO				REET		CITY OR I	OWN	COUP	MIA	STATE
1.1.9	PAG PAG 212		AT WORK	AT WORK				1								
	APE SOR		22a. I certif	y that I took c	harge af th	e remains desc	ribed abay	e, held an	Autops	y Ll, In	spection	X Inquir	X and in	my apir	nian	
1	MA PER		death resulte	d fram: N	latural cau	ses X,	Accident	, Su	icide .	Hamicide		Undetermined r	nanner .			
	AR WILL		7	1.	.)	1/0		3	/	TITLE (SPEC	CIFY)					
	A P P P P P P P P P P P P P P P P P P P		ACTUAL SIGNATURE_	BU	flusco	X Le	Ville	ques	M.	D. Deput	tv	_MEDICAL EXA	MINER	DATE	12/26/1	1985
	DEA STANDER	1	FV			//	//	0								
	A SHE SHE		EXAMINER'S I	IT) AT	igust	o P Rod	rigue	z, M.	D	ADDRESS 500	09 Ra	yburn C	t ,Templ	e Hi	.11s, Mo	i
	TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SYBOULD BE PORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BANTIMORE, MARYLAND, 21201 P	23a.B	URIAL, CREMAT	ION, REMOV	AL 235 DA	TÉ	23c. N	AME OF CE		RCREMATORY		23d LOCATION				
07/84	BP	(5	Bur.	ial	301	Dec198				Cemet		Suit	land	Ma	arylan	ď
25M		24 Ft	UNERAL DIREC	Rober	ct E	Wilhe	lm F	unera	1 HC	me 25a.	DATE REC		AR 255 REGISTR			
	DHMH - 17 (VR A15 ME (5))		NAME	Suit		Mary					JAN	7 1981	ilii	David	lson-Rand	4.80
						- 1						-	11			





				STATE OF MARYLAND	2 4 2	
54	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH		5 4 9 9
×	1.05		MIDDLE		REG. NO.	
1		OP BOILEY		LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
l		GERTR	UPE E.	KAELIN	UEC .	11 1985 9.AM
I	3 SE	X	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS.
	1	EMALE	NYITE	JULY 13 1900	85	MONTHS DAYS HOURS MIN
ł	_	RTHPLACE (STATE OR FOREIGN	75 CITIZEN OF WHAT COUNTRY	18	9 BALTIMORE CITY OR COUN	TY OF DEATH
l		OHIO	4	MARRIED NEVER MARRIED		
ľ	10.0		U.S. A	WIDOWED DIVORCED	PRINCE O	mb.
ı	10	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREE	NG HOME OR OTHER INSTITUTION T ADDRESS)	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR INDUSTRY
	7/	Koma PARK	7802 GLENS	IDE PRIVE	SCHOOL TEACHE	R EDUCATION
,	USUA	AL RESIDENCE (IF NURSING HOME OF	R OTHER INSTITUTION, GIVE RESIDENCE BEFO		la construences	
N 19	100	MD 136 COU	GEO. TAKOMA	PARIC YES NO	7802 GLENSIDE	E DRIVE 20912
	14. F.A	THER'S NAME	of and the last of	15 MOTHER'S MAIDEN NA		DRIVE 2011
10.		FIRST	MIDDLE LAST	FIRST	MIDDLE	LAST
d	A STATE OF THE PARTY OF THE PAR	JOHN	VUEAGLY	GERTRUL	ADDRESS	HERSHEY
6		VAS DECEASED EVER IN U.S. AF	E WAR OR DATES)	URITY NO. 17 INFORMANT	4	1/2
l		NI	300-16-	9801 JEAN LEUNAR	D. 606 ETHEN ALL	EN AVE T.C.RD
		18 CAUSE OF DEATH (Enter o	nly one couse per line for (o . (b), o	ndic		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSI	ED BY	Carly sulle - 11	-2	BETWEEN ONSET AND DEATH
		IMMEDIA	TE CAUSE (o)	Land & FUIL QU	N.H.	
			DUE TO, OR AS A CONSEOU	JENCE OF		an ib
		Conditions, if ony, which gove rise to immediate	(b)	Deky drati	71.5	2 wks
		couse 101, stoting the	DUE TO, OR AS A CONSEQU	JENCE OF		
		underlying couse lost	(()			
		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MNAL DISEASE OR CONDITION G	IVEN IN PART 1(0)
	NO NO	HID	atostheres			
-	AT	19a DATE OF OPERATION		OPERATION WAS PERFORMED	20g AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED
)	, SF				IN CERT	IFYING CAUSES OF DEATH?
_	CERTIFICATION	210 ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	I 21. HOW IN HIS COME		/ES NO
		OR CONTRIBUTING CAUSE OF THE		AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18	, PART 1 OR PART 2)
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER	ALL I	19		
	ED	21d INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION STREET	App. App. App. App. App. App. App. App.	COUNTY
	×	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
		2	ital) attended the deceased from,	T40 1078	- D 11	10 OF
				00	dooth coursed as the day	, 19, that (I) (we) lost
		obove () (we) (did (did no	ot) view the body ofter death.	: one mer messy (corr epimen	death occurred on the date and ha	our and from the causes stated
		22b. SIGNATURE	1	DEGREE	THE RESERVE THE	22c. DATE SIGNED
		-RH-A	and D	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	Det 11 85
		22d. PHYSICIAN'S NAME (TYPE C		22e ADDRESS	- 1 1 11	3-400 a
		R.H.S	iand strim no	110/	Carnell Ave Taken	
Ì	00	7				-0912
2	3a B	URIAL, CREMATION, REMOVAL	A	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
		Diviel	Dic. 13. 1985/3	earns Creek Cementing	Hazerston.	med
	24 FL	INERAL DIRECTOR	4000000	250 DAT	E REC'D. BY SISTRAR 256. REGIS	TRAR'S SIGNATURE
,	701	Ema Finnel Alm	Offelting 2511	Panel SI NIN DCIBER	4	- I - Cappaile
	200	THE THEORY OF THE	- 14 alment 2004	min 02 108. 2 70 1	1 0 000	200

130265 The same of the sa THE LEG TO THE SAME THE THE SAME SHOW WANTED AND THE THE PROPERTY SECRETARY Toward 1831 The comment our form from the state of Description of the state of the Vietney Town When will will all your of the first the wall and the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	Ú	2	3	ال	4.
DEC NO					

ŀ	- STATE REGISTRAR		CERT	IFICATE OF DEATH	REG. NO.						
1	DECEASED NAME FIRST	MIDI	DLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR	2b. HOUR				
ı	Surin	der	К.	Kapur	December 17,	1985	6:08A M				
	3 SEX	4. RACE	S. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.				
ı	Male	Caucasi			46 YRS.	MONTHS ONIS	MIN.				
		76 CITIZEN OF WE	HAT COUNTRY? 8	HED KNEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH					
¥	Pakistan	U.S.A.	WIDO		XXPrince Georg	es Count	y MD.				
Ī	O CITY OR TOWN OF DEATH		SPITAL, NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND O	F BUSINESS OR				
ł	Laurel		ACILITY, GIVE STREET ADDRESS)	ville Hospital	Cost Engr. Spec		el Corp.				
1	USUAL RESIDENCE (IF NURSING HOME OR 136. STATE 136 COUN Maryland Montgo	OTHER INSTITUTION GIV	RESIDENCE BEFORE ADMISSION CONTY OR TOWN Gaithersbur	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP COL 12424 Keenelan		/20878				
T	4. FATHER'S NAME			15. MOTHER'S MAIDEN NA	ME						
ł		MIDDLE Sain	Kapoor	Sushila	MIDDLE	Seth					
Ť	A WAS DECEASED EVER IN ILS AR	MED FORCES? 16	B SOCIAL SECURITY NO	. IT INFORMANT	12424 Keenela						
	(YES NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	515-52-6045	Janet J. Kap	ur Gaithersburg,						
F	18 CAUSE OF DEATH (Enter on	ly ane cause per lin	e for (a), (b), and (c),)	1		APPROXI BETWEEN (MATE INTERVAL ONSET AND DEATH				
ı	PART I. DEATH WAS CAUSE	D BY: 'E CAUSE (a)	ARdiac	ARREST							
ı		DUE TO, OR AS A CONSEQUENCE OF									
ı	Conditions, if any, which	((b)(ORONAF	ey Arter							
ı	gave rise to immediate cause (a), stating the	DUE TO, OR A	S A CONSEQUENCE OF								
1	underlying cause last	(c)		<u> </u>							
I		ONDITIONS CON	TRIBUTING TO DEATH BI	UT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION G	IVEN IN PART HE	1				
4	e Lett Ven	TRICUI	AR ays	TUNCTION,	ANOXIC ENCE	PHA lop	PATHY.				
١	Left Ven 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITIO	ON FOR WHICH OPERAT	ION WAS PERFORMED	IN CERT	ES, WERE FINDIN IFYING CAUSES	OF DEATH?				
4	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF II	NI H IDV	21. HOW IN HIPV OCCUP		res 🗌	NO 🗌				
I	OR COLUMNIA CHIEF OF DE	110000 4 44		R PIL HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)					
l	(IF EITHER NOTIFY MEDICAL EXAMINER 21d IN JURY OCCURRED		19								
ı	21d INJURY OCCURRED	21e PLACE OF	FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE				
ı	AT WORK AT WORK			don bed SE	Dag : 7						
ı	22a I certify that (I) (this hasping saw the deceased alive on	Dec 16	19 85	and that in (my) (aur) apinian	death accurred on the date and ha	, 19, i	that (1) (we) last				
1	abave, (1) (we) (did) (did na	t) view the body off	ter deoth.	DEGREE		22c DATE					
	Dearon	200	when !	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	12/1	7/85				
1	THE HYSICIAN'S JAME (10)	R PRHITI	100	22e ADDRESS - 15	E. Deen PK.	318					
1	GREGORY 1	1.1-15	ner	GAI the	RSDURG, MA						
	230. BURIAL, CHIMATION, REMOVAL (SPECIFY)	23b. DATE 1	700	CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	Virginia				
1	Cremation	Decembe	1 10 Metrop	olitan Cremato	ry Alexandria		rrginia				

FUNERAL DIRECTOR 300 West Montgomery Ave., 22
Robert A. Pumphrey Funeral Homes P/A Rockville Maryland

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

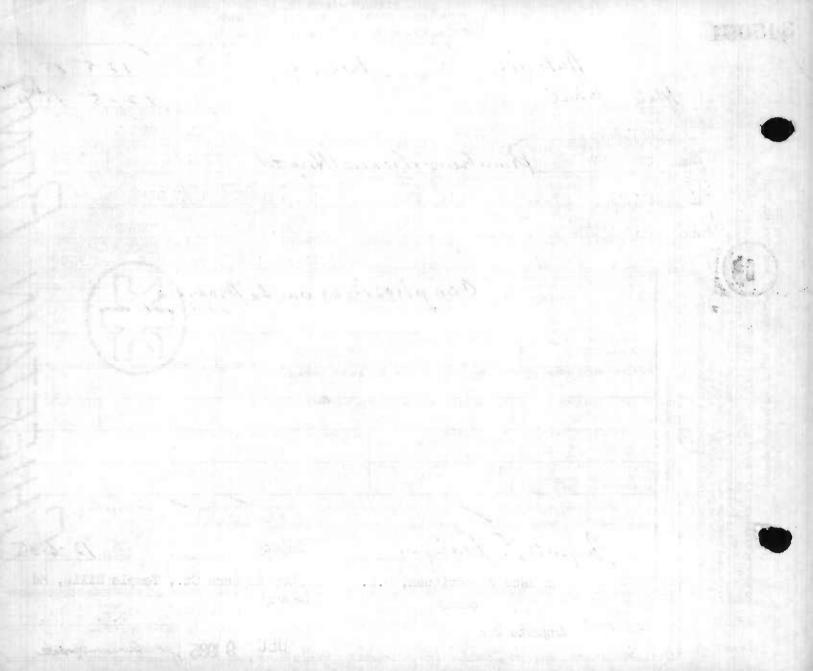
DHMH - 16 60M 7/84

24 FUNERAL DIRECTOR

(VRA 15, 4)

both youthern and the transfer of the layer which they then

								ARYLAND			ner) add	4 .4	,
215	004		FOR STATE			EPARTMENT OF					3 5	5 0	
3/15	031		REGISTRAR		MEL	DICAL EXAMIN	IER'S C	ERTIFICATE	OF DEATI	REG.	. NO.		
/	S S S E		CEASED NAME E OR PRINT)	Anto	nie	D .	K	eve		OF ESTI- DEATH MATED		-5 19 J	AR 26 HOUR
	S NECSSARY, PEASE FUNERAL DIRECTOR 5 FOR YOUNG MITHIN 72 HOURS W. PRESTON STREET,	3 SEX	ale W.	hite s	MARCH 2	6. AGE (IN Y LAST BIRTHE		DER 1 YR. IF UND		DATE DNOUNCED DEAD	/ 2 -	DAY Y	13 17 10 18
_	AST A STAN		RTHPLACE (STATE OF	7	CITIZEN OF WH		Ta .	ED NEVER MA	PRIED V7 9.E	ALTIMORE CIT	Y OR COUNT	Y OF DEAT	Н
	A S S S S S S S S S S S S S S S S S S S		ARYLAND		U.S.	A.	WIDOW		RCED	PRINCE	GEORGES	3	MD
	PAGE STREET		CHEVERLY	EATH 1		PITAL, NURSING HOM THITY, GIVE STREET ADDRESS)	E, OR OTH	//frspat	FORMOS	OCCUPATION ((TYPE OF WORK	NON	F BUSINESS
11201	ANY DE COULD BELLEVIN	13a. S	ALRESIDENCE (IF IN N TATE ARYLAND	136 COUNTY	OTHER INSTITUTION GIV	RESIDENCE BEFORE ADMISS 13c. CITY OR TOWN LANDOVER	ION)	T3d. INSIDE CITY LIMITS	13e STREET	ADDRESS MUNCY R	OAD	70-	784
9	- 224	A COLUMN TWO IS NOT THE OWNER.	THER'S NAME			LANDOVER		15. MOTHER'S MA			OND C		0/
ORE, N	L S S S S S S S S S S S S S S S S S S S		JOHN SMIT	Ή	MIDDLE	LAST		MAR			KEEVE	LAST	1
(A)	Nos /		VAS DECEASED EVE ES, NO, OR UNKNOWN) NO	(IF YES, GIVE WA	R OR DATES)	NONE	Y NO.	MARY AND	N KEEVE	76210M	UNCY RO)AD, RYLAND	
EDS. 201 W. PRESTON	XECUTED WITHIN 24 TO VIG. 10 PENCIL IN TIEN CAL EXAMINER ALON BURIAL TRANSIT PER AND MENTAL HYSER'S ANTION, OR REMOVAL		Conditions, if gave rise to couse (a) statin lying cause los	immediate ng the <u>under-</u> t.	(b) DUE TO, OR	AS A CONSEQUENCE	OF OF	OR CONDITION GIVEN II	<i></i>	nkyxia neon	force		ONSET AND DEATH
TAL RECO	OUID RETAINED THE MEDINGED AS A MEDINGED AS	CERTIFICATION	19a DATE OF OPER	RATION	196 CONDIT	ION FOR WHICH OPE	RATION W	AS PERFORMED?				20 AUTOR	
N OF VI	CATE SP THE WOR DUID BE STANENT	E	210 EXTERNAL CAL UNDERLYING CONTRIBUTING	OR		MONTH DAY YEA	R 21c. HC	OW INJURY OCCUI	RRED (ENTERNATU	RE OF INJURY IN ITEM	A 18 PART 1 OR PAR	YES L	NOLT
DIVISIO	WRITING WRITING WARDED TO WAGE 3 SH ATE DEPA	MEDICAL	21d INJURY OCCU WHILE NO	RRED	21e PLACE C	DF INJURY (AT HOME, ORY, FARM, ETC.)		CATION	CI	TY OR TOWN	cou	NIY	STATE
•	AMEDICAL EXAMINER: T GE 4 SHOULD BE FORM OF UNIERAL DIRECTOR: 9 TER DEATH, WITH THE ST LARMORE, MARYLAND, 2		22a. I certify that death resulted from ACTUAL SIGNATURE SAMINER'S NAMI (TYPE OR PRINT)	m: Notural	sto P Ro	driguez, M	Autop:	TITLE (SPECIFY) D. D. DONALDRESS 5009	Lty MEDICA	ned manner E	ond in my opi	12-	-6-85 , Md
	522542	230.B	URIAL, CREMATION,		DATE Od	riguname of CE	METERY O	R CREMADEPUT	ZY 23d LOCA	TION	COUN	TY	STATE
07/84 25M	BP	74 F	BURT UNERAL DIRECTOR		2/11/85 sto P R	HARMON'	I MEN		TE REC'D. BY RE	DOVER	P.G		MD.
	DHMH - 17 (VR A15 ME (5))		NAME			LANDOVER	MD -		· ^ .		in Davido		Lego.



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

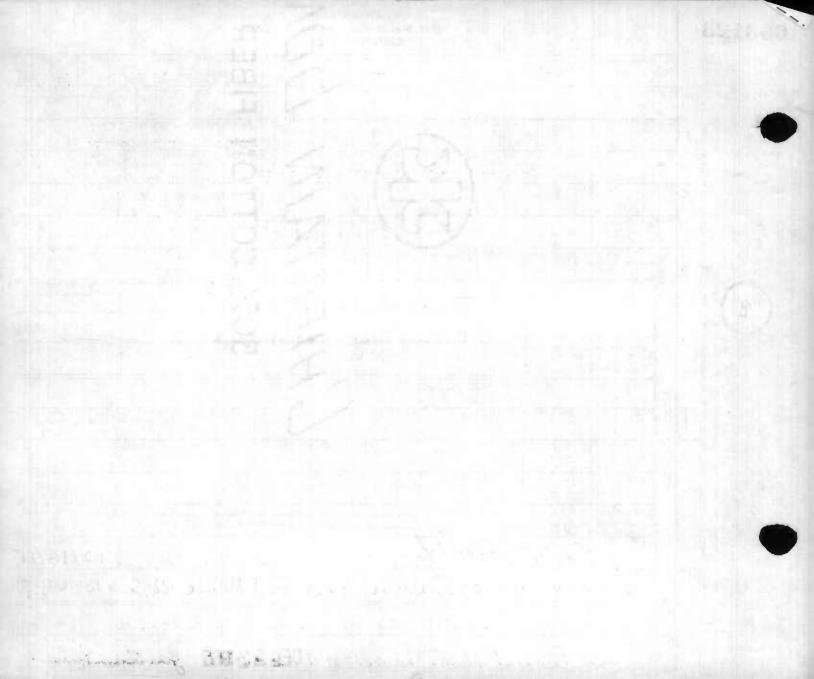
0. 3	100		V 1	1
. 3	2	3	4.5	100
0	Wast.	-		4

1.	FOR - STATE REGISTRAR			EALTH AND MENTAL HYG	REG. NO). D.	3 3 4	2 84		
	CEASED NAME FIRST	MIDDLE		AST	2a DATE OF DEATH	DATE OF DEATH MONTH DAY YEAR				
(III)		LBERT	KE	NNEDY	DECEMBER	15,	1985	6:39	P N	
3. SE	X	4 RACE	5 DATE O	& AGE (IN YEARS LAST BIR	HDAY)	MONTHS DAYS	IF UNDER 24			
	Male	White	Ann		4.6	YRS	MONTHS DATS	HOURS	MIN.	
	IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHA	T COUNTRY? 8		9 BALTIMORE CITY O		TY OF DEATH			
1/	Country)	Canada	WIDOWE	D NEVER MARRIED	Prince Geo	rges	County		ME	
10 C	Canada ITY OR TOWN OF DEATH		TAL, NURSING HOME		120 USUAL OCCUPATI	NO	12b. KIND O	F BUSINESS	-	
	1 0		uity, give street address)	ille Hospital	(TYPE OF WORK FOR MOST O					
USU	AL RESIDENCE (IF NURSING HOME		RESIDENCE BEFORE ADMISSION)	Tite Mospital	1 owner-ope	rator	horse	van_	_	
	STATE 136 COL		CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS		DE			
	Maryland How	ward /	aurel	YES NO NO I	25 Ruth A	10	20707			
17"	FIRST	MIDDLE	LAST	FIRST	WIDDLE		LAS	1		
Y	Lawrence Joh				oksey ADDRE	6.6				
	WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES)	SOCIAL SECURITY NO.	17 INFORMANT	ADDRE	22				
	no		14 50 1763	Jean Kenne	dy same as	zboug	2	MATE INTERVA		
NO	underlying couse lost PART 2 OTHER SIGNIFICANT	(c)	A CONSEQUENCE OF	NOT RELATED TO THE TERM	ninal disease or con	DITION G	EIVEN IN PART 1:0	0		
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION	FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERT	ES, WERE FINDIN		?	
CER	210. ACCIDENT WAS UNDERLYING	110000 111	MONTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18	B PART I OR PART 2)			
AL	OR CONTRIBUTING CAUSE OF D	CAID	MONTH DAT TEAK							
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF IN	JURY ACTORY OFFICE, FARM ETC }	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STAT	TE	
100	22a.1 certify that (I) (this has	pital) attended the dec	ceosed from		, to		. 19	that (1) (we	t) los	
	use the decreased live on									
	27h SIGNATURE	etanie	atel	DEGREE ATTENDING PHYSICIAN A	MEDICAL STAF		22c DATE	SIGNED / 16/	18	
	224 PHYSICIANS NAME (TYPE	OR PRINT	2400	22e ADDRESS				,	-	
	DR TAKY		ZANAKIS	3400 To	rt Meale	12d,	Suk 10	9 Lai	int 11	
	BURIAL, CREMATION, REMOVA			EMETERY OR CREMATORY	23d. LOCATION	, 0.0	COUNTY	STA	TE	
	BXXXXX cremati	on Dec. 16	,1485 West	view Mem. Par						
24 FI	LINEDAL DIDECTOR			25a DA1	TE DEC'D BY DECISTOAD	25h DECL	ETDADIC CICALAT	LIDE		

Funeral Home

DHMH - 16 60M 7/B4 (VRA 15, 4)

MPORTANT: If Hem 21 is morked or Hem 18 sh



		200				STATE OF N			6 5 44	2 (2)
			FOR		DEPARTMENT	OF HEALTH	AND MENTAL	HYGIENE	3 5	0 0
	365183		STATE REGISTRAR	MEI	DICAL EXAM	AINER'S C	ERTIFICATE	OF DEATH	REG. NO.	
	100702		CEASED NAME . FIRST		MIDDLE		LAST	2a DATE	KNOWN MONTH	H DAY YEAR 26 HOUR
	1092 0.00		E OR PRINT)	1		fu,	ne	OF	ESTI-	1
	ASE DR. JRS.		11/1/10	r-	J.	1	119	DEATH	MATED 1/2	-16 19 85 M
	동민교호류	3. SEX	A 1 1 11	5. DATE OF BIRTH		(IN YEARS IF UN		ER 24 HRS. 2c. DATE		DAY YEAR 21 HOUR
	N Z C R	14	are white	3 - 17		6 YRS.	S DAYS HOURS	MIN. PRONOUI		6 858
1	A Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	7. DI	RTHPLACE (STATE OR	76. CITIZEN OF WE		U TKS.	1		AORE CITY OR COUR	TY OF DEATH
1	성공용도류	FO	REIGN COUNTRY)			MARRI	ED NEVER MAR	RRIED IXI I	_	
11/4	S NECSSARY, PLEASE E FUNERAL DIRECTOR. E FOR YOUR FILE. D. WITHIN 72 HOURS N. PRESTON STREET,		st Virginia	United :	States	WIDOW	ED DIVOR		ce Georg	· MU.
	AY IS THE FIELD OF	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOS	PITAL, NURSING H	OME, OR OTH	ER INSTITUTION	120 USUAL OCCU	PATION TYPE OF WORK	126 KIND OF BUSINESS OR INDUSTRY
	PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	C	amp Springs	11. 600	1125	AFA	Med (puis	Indeper		
			I DECIDENCE HE BUNDESING HOME O	OR OTHER INSTITUTION GO	UE RESIDENCE REFORE AD	MISSIONI	1 CDI-C 876V	Operato) [Taxicab
5	ATH. IF ANY DEL	13a. S	TATE 136. COUN	TY Prince	13c. CITY OR TOV	MInner	13d. INSIDE CITY LIMITS?	13e STREET ADDR	ESS	
1301	A S S S S S	Ma	ryland Ge	orge's	Mar1	oro	YES NO	9115 Ma	rlboro P	ike / 20772
9		14. FA	ATHER'S NAME				15. MOTHER'S MAI	DEN NAME		
-	F 2899		Willie	MIDDLE	King		Effie		MIDDLE	LAST
9	38 8 9 8) - J	14 1		LED FOR CECO	166. SOCIAL SEC	UNITED A LO	13 INTEGRALANT		ADDRESS	King
	E 40 78	(Y		WAR OR DATES)			(8	sister)	ADDRESS	
	CHES AFTER DEATH IN THE CONTROL OF WITH IN TH	Un	available		232-40-	-4131	Goldie	Bess. R	lichwood,	WV 26261
	WIT WIT OF		18. CAUSE OF DEATH (Enter on	ly one couse marking	for (a), (b), and (c)) 0	1	APPROXIMATE INTERVAL
t	0 Z W		PART I DEATH WAS CAUSED	DBY:	middel	uolu	Cardes.	Vaccular	durens	BETWEEN ONSET AND DEATH
1	PERM PERM GIENE VAL:	100	IMMEDIAT							
1	Z A E E E			DUE TO, OR	AS A CONSEQUEN	NCE OF				
1 1	REAL SERVE	1	Conditions, if any, which gave rise to immediate	(b)						
1	A S F S S	20	cause (a) stating the <u>under-</u>	< 1	AS A CONSEQUEN	NCE OF				
- 6	EXAMINER EXAMINER SIAL - TRANS ON MENTAL DN, OR REA		lying cause last.							CONTRACTOR OF THE PARTY OF THE
			AND A GAME COMMISSION COMMISSION	(c)						
	A A B A A A	-	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH I	BUT NOT RELATED TO THE	TERMINAL DISEASE	OR CONDITION GIVEN IN	PART 1 iol.		
	MEDIA MEDIA	CERTIFICATION								
	S CRITICATE SHOULD STRING THE WORD "PER RETING THE WORD "PER RES SHOULD BE USED A E DEPARTMENT OF HEA OI PRIOR TO BURIAL. C	¥	190. DATE OF OPERATION	196. CONDIT	ION FOR WHICH	OPERATION W	AS PERFORMED?	- J - L - H		20 AUTOPSY?
	SHOUL ORD "F CHIEF E USED MAN.	F								YES NO D
1	20 B F B	ERT	21g EXTERNAL CAUSE WAS	216 TIME OF	INTURY	1216 HC	W IN HIPY OCCUP	RED (ENTER NATURE OF IN	THIS WALLETEN IS DARY LOS	
Š	SAEN BENEFIT		UNDERLYING OR		MONTH DAY	YEAR	JA HOOK LOCCOK	KED (EINIER INVIORE OF III	DOKT IN HEM ID PART I OR P	ART 2)
2	2 A E C C S S S	3	CONTRIBUTING CAUSE OF D	DEATH P.M	. 19					
-	PRESENTED IN	MEDICAL	214 INJURY OCCURRED		OF INJURY (AT HOMORY, FARM, ETC.)		CATION			
2	STER BY	E	WHILE NOT WHILE C] SIREET, FACT	ORT, FARM, ETC.)	,	INCE	CITY OR TO	OWN C	OUNTY STATE
	ER: THIS CETTING ORWARDED TO ONWARDED TO ONWARD TO ONWAR		AT WORK						1	
	SH S SH S		22a. I certify that I taak charg	e of the remains des	cribed abave, held	an Autap	sy . Inspect	ian , Inquiry	and in my	pinion
0.00	* SERVETS		death resulted fram: Natur	al causes	Accident .	Suicide	. Hamicide	. Undetermined m	onner .	
	E SE			1/1/)	_	TITLE (SPECIFY)			
	1820√\$		ACTUAL / / SINGE	A Vision	wwx		,		DATE	12-16-85
	CAL E. SHOULD SRAL DIR. M. H. WI		SIGNATURE	1 prose	1 1	M.	b. <u>Dept</u>	ITY MEDICAL EXAM	AINER SIGN	NED
	GE 4 NG S	9.5	EXAMINER'S NAME	/ //	0					
	¥ D H Z P S		(TYPE OR PRINT) A11	custo P R	odriguez.	M.D.	ADDRESS_5009	Rayburn (Templ	e Hills Md
	TO MEDICAL E. ANNER: TE EXECUTE THE CERTIFICATE. PRAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: P. AFTER THE ST. B. MARYLAND, 2	23a. B	JRIAL, CREMATION, REMOVAL 2	3b. DATE	23c. NAME OF		RCREMATORY	23d. LOCATION		
	1	(\$	Buria1	12-20-85	Dichr	ood C	emetery	D i a h		UNTY STATE
	BP	74 FI				ou C		Richwo E REC'D. BY REGISTRA		Virginia
	DHMH - 17		NAME DIRECTOR CO111				INFO	07 40GE		Andere :
	(VR A15 ME (5)) 15M 2/80	TT	Home Street,	Richwo	ood, WV	26261	250	100 mg/	Townson I do	The !
					_					

